

PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

2010-2011



Edward Hines, Jr. VA Hospital

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Applications due: January 15, 2010

Fellowship year begins: August 30, 2010

Special Emphasis Areas:

Neuropsychology
Primary Care and Mental Health
PTSD/Substance Abuse
Rehabilitation Psychology

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INTRODUCTION

Hines VA Hospital was approved to offer postdoctoral training in clinical psychology and counseling psychology beginning September 1, 2008. We offer one postdoctoral Fellowship position in each of the following four special emphasis areas: Posttraumatic Stress Disorder and Substance Abuse, Neuropsychology, Primary Care and Rehabilitation Psychology. The Neuropsychology Fellowship extends over a two-year training period, reflecting national standards for that field. The other three Fellowship positions are for one year. The postdoctoral Fellowship program is designed to meet the Guidelines and Principles for Accreditation of Programs in Professional Psychology, reflecting the program's intent to apply for accreditation by the American Psychological Association. Our Brochure details the program's philosophy, training model, programmatic structure and training opportunities. Our large and growing Psychology Department enthusiastically welcomes your application and the possibility of providing you postdoctoral training.

The Fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital's Mental Health Service Line. The Fellowship year begins August 30, 2010, and concludes August 29, 2011, for Fellows in PTSD/Substance Abuse, Primary Care and Rehabilitation Psychology. The Neuropsychology Fellowship begins August 30, 2010, and concludes August 27, 2012. Each Fellowship special emphasis is composed of Major Rotations, which comprise 50-75% of the training year (two years in Neuropsychology). Each Fellow also participates in our Psychology Fellowship Clinic, which affords the opportunity to enhance generalist skills in our primary clinical core competencies (psychotherapy, assessment and consultation). This experience is available across a number of clinics and programs in which Psychology participates and comprises approximately 25% of the training year. Research experience is elective and may not exceed 25% of the Fellowship year(s).

HINES VA HOSPITAL

Hines VA Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located 12 miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 472 hospital beds, and logged over 584,000 outpatient visits last year. The hospital staff and students saw approximately 52,000 patients last year. Hines has one of the largest research programs in the VA system, with approximately 550 projects, 160 investigators, and an estimated budget of \$19.5 million (VA and non-VA). The units and patient programs served by Psychology Service include: Ambulatory Care/Primary Care, Anesthesiology, Blind Rehabilitation, Clinical Neuroscience, Community-Based Outpatient Clinics, Compensated Work

Therapy, Emergency Department, Extended Care Center (Geriatric), General Medicine and Surgery, Home-Based Primary Care, Infectious Disease, Inpatient/Residential Rehabilitation and Outpatient Psychiatry, Managing Overweight/Obesity in Veterans Everywhere Program, Memory Disorders Clinic, Mental Health Intake Center, Mental Health Intensive Case Management, Mental Health Transplants, Neurosurgery, Neurology, Out-Patient Clinic-Operation Emerging Freedom/Operation Iraqi Freedom, Physical Medicine and Rehabilitation, Polytrauma Program, PTSD, Spinal Cord Injury and Substance Abuse.

As a VA hospital, Hines is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all veterans who have limited financial resources. Hines serves a predominantly male White and African-American population. A smaller but growing percentage of our population is Latino or Asian-American. Approximately 2,500 female veterans were treated last year at Hines. There is significant diversity by ethnic origin, age, education and religion across our adult population. Our hospital staff is characterized by such diversity as well.

The Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities.

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. 164 medical residents and 68 associated health trainees (including six Psychology interns and four Psychology postdoctoral Fellows) will receive funded training at Hines this year. An additional 790 students will receive unfunded training this year, including eight Psychology externs.

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and programmatically affiliated with the University of Illinois-College of Medicine, Chicago, and the Chicago Medical School. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 523 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields. Several national, regional and state conferences and conventions, as well as the meetings of various psychological and related mental health professional associations are held on an annual basis in Chicago.

HINES AND CHICAGO

Hines V.A. is one of three VA Medical Centers that serve veterans in the Chicago area, which has a population of approximately 9,000,000 people. Although Chicago is often described as a world-class city, it retains a very friendly and comfortable Midwestern character, and may be the most livable major American city. The area, with its striking architecture, is home to hundreds of theatre companies and art galleries and to dozens of symphony orchestras, opera and dance companies, and art museums, many world-renowned. Cultural offerings are surpassed only in New York. Recreational opportunities abound, with 33 miles of lakefront beach and park, many professional and NCAA Division sports teams, and more restaurants, bars, clubs and festivals than anyone could cover in a lifetime. In 1997, Places Rated Almanac rated Chicago as the #1 metropolitan area in North America in its supply of recreational assets. Shopping is superb, with an extensive supply of both brand name and one-of-a-kind stores at all price levels. The diversity of the population adds tremendously to the richness of experience in living here. The Chicago area has one of the largest African-American, Latino and Asian-American populations in the country. Chicago is one of the largest Catholic Archdioceses in the U.S. and has the fourth largest Jewish population in the U.S. The Chicago area has one of the most diverse populations in the country across European heritage, with especially large numbers of people of German, Irish, Polish, Italian, English, Swedish, Czech, French, Russian, Norwegian, Dutch and Greek heritage. The gay and lesbian community is also one of the largest in the country, and has available hundreds of community and entertainment venues. This demographic diversity affords the Chicago area with many distinct neighborhoods and communities that enrich the region as a whole and make neighborhood exploration great fun. Families raising children will find available many communities with excellent school systems and very family-friendly environments. Public transportation is excellent within the city, and it is possible to take public transportation to Hines from the city or from nearby suburbs. The region as a whole is well served by a large network of highways. O'Hare Airport has more flights than any other airport in the nation, except for Hartsfield (Atlanta). Chicago is one of the primary academic centers in the U.S., with 46 colleges, universities and professional schools that serve nearly 500,000 students. With such a large student population, there is a wealth of rental properties available for Fellows moving to Chicago. Housing prices, and the cost of living in general, exceed the national average, but are quite reasonable relative to the nation's other principal cities. The two principal downsides to Chicago are traffic congestion and the climate. Winters are long and challenging, especially for those not accustomed to living in the Midwest or Northeast, and Fellowship interviewees will have the opportunity to experience Chicago at one of its most challenging times of year, mid-January. However, the vitality of the city does not diminish with the inclement weather, and summer and fall, in particular, offer plenty of opportunity to take advantage of the numerous outdoor

recreational activities that the city has to offer. For more detailed information about the city, please contact the City of Chicago's web site at www.ci.chi.il.us/.

PSYCHOLOGY SERVICE

Psychology Service at Hines is one of several departments in the hospital's Mental Health Service Line. The Executive Psychologist reports directly to the Service Line Manager.

The staff of Psychology Service is comprised of 31 doctoral-level psychologists, and one program assistant. Psychology at Loyola maintains a postdoctoral Fellowship program and looks forward to exploring collaborative opportunities between the two hospitals that will enhance postdoctoral training at Hines and Loyola.

The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as either major supervisors or secondary supervisors. Many supervisors hold faculty appointments at universities in the Chicago area and are active in research. Several serve as national trainers within their discipline. Others maintain leadership positions within the hospital.

Psychology has maintained a psychology practicum program since 1947, and a Psychology Internship Program since 1950. The internship program has been formally accredited by APA since 1976.

PHILOSOPHY AND MISSION STATEMENT

The overarching purpose of the program is to prepare postdoctoral clinical and counseling psychology Fellows for specialized practice in the aforementioned areas concurrent with enhanced skills in generalist professional psychology practice, as consistent with our training program philosophy, as described below:

(1) Hines Psychology embraces a generalist tradition in its training of clinical and counseling psychology students. We believe that the best training to prepare today's postdoctoral Fellows for the demands of tomorrow's professional challenges consists of providing depth through focused specialized training in the Fellow's area of primary clinical interest concurrent with breadth through strengthening generalist skills in the Fellow's area of clinical specialization, and related clinical areas, that can be adapted to a variety of interdisciplinary settings. Focused specialized training and enhancement of generalist skills should build upon generalist foundational training at the predoctoral level.

(2) Hines Psychology embraces the scholar-practitioner training model, in which science and practice inform each other. Reflecting a focus on evidence based clinical practice. Fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when

applicable, empirically validated therapies, while also acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The Program's focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize our scholar-practitioner model. The Program's encouragement of Fellows' involvement in ongoing research and its requirements in program development/evaluation further support this training focus.

(3) Our long-range objective for each Fellow is to solidify the development of a sense of professional judgment, ethics, responsibility and identity, as well as compassion for others, consistent with independent professional practice as a clinical or counseling psychologist in both a generalist capacity and in the Fellow's area of clinical specialization. Throughout the year we provide a supportive and collaborative atmosphere in which Fellows, under supervision and mentorship, can accept increasing responsibility for their professional work in collegial and interdisciplinary contexts. Our goal is for the Fellow to function and feel competent to function as an independently practicing clinical or counseling psychologist in psychological assessment and diagnosis, treatment, consultation, student supervision, teaching, administration relevant to professional practice, program development/evaluation and scholarly inquiry in their domains of generalist and/or specialized practice at the conclusion of the postdoctoral Fellowship year. Our Program attempts to foster development of these skills across practice areas within the context of the VA patient population and hospital system.

(4) Our philosophy is that a Fellow is viewed as a respected and important part of our health care team. A logical extension of this philosophy is that the Fellow's case load is determined by the amount of professional work that will optimize the Fellow's learning experience. Their experience at Hines is training-based rather than production-based. Expectations for performance are solely based on training objectives.

(5) Fellows will have exposure to a demographically diverse caseload as they enhance their skills in cultural competence in assessment, treatment, and consultation. The training experience is optimized through individual appreciation and clinical understanding of human diversity as it interfaces all aspects of psychological practice.

TRAINING MODEL

Following our philosophy, we embrace a training model in which Fellows rotate across a number of clinical settings that optimizes the skills set required for independent practice within the designated area of specialization and the skills necessary for independent generalist functioning in clinical or counseling psychology. This affords the Fellow the opportunity to develop specialist skills and enhance related generalist skills in a number of hospital settings with a wide range of patient problems and a number of supervisors. The development of specialist skills and specialist professional identification are further advanced through the Fellow's pairing with a mentor in the Fellow's area of specialization. Mentors, as well as other supervisors, model the integration of scholarly inquiry with clinical practice. Mentors further promote the Fellow's initiative and self-direction in the Fellowship training year. The training focus over the course of the year includes the following core competencies:

- 1) development of specialist knowledge and skills,
- 2) enhancement of general clinical skills in conceptualization, assessment, diagnosis, consultation and treatment,
- 3) enhancement of skills in scholarly inquiry (with optional research),
- 4) development of skills in supervision, teaching, program evaluation, organization, management and administration relevant to professional practice, and
- 5) development of a sense of professional judgment, responsibility, ethics and identity, and appreciation and understanding of cultural and individual diversity as relevant to the above domains.

Reflecting our principle that clinical practice must embody a research and theory based orientation, we afford the Fellow an experience in which clinical practice is integrated with the scholarly inquiry surrounding practice. Reflecting that model, we especially seek postdoctoral applicants with strong scientific and theoretical grounding in clinical and counseling psychology. Training at Hines is viewed as an extension of the doctoral training the Fellow has received at his/her academic program and internship. The Fellow, his/her Mentor and the Director of Training design each Fellow's training at Hines to ensure that it is integrated with the Fellow's doctoral training and is aimed at further progression and development of the Fellow's knowledge base, professional judgment and skills attainment as well as in professional capability and identity.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the Fellows' training needs and interests, with the Fellows' clinical work during Fellowship focused on preparing them to

function in independent professional practice in their fields of interest in clinical or counseling psychology. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment that includes mentoring and by training that is focused on enhancement of skills in psychological conceptualization at both specialized and generalist clinical practice levels.

The priority given to supervision and education for Fellows, which limits actual service delivery time, further demonstrates our Fellowship program's focus on training over production. Fellows are not expected to work more than 40 hours weekly, to ensure adequate time for the Fellow to engage in reading, audiotape review, self-processing of clinical work, research-related activity (if desired), self-care and personal interests. Participation at educational seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the Fellows' clinical activity.

The extent of clinical activity in which Fellows participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Although Fellows follow programmatically set Major Rotations, flexibility is afforded in selecting other Fellowship activities that enhance skills within the area of Special Emphasis and that enhance generalist clinical skills across our Program's core competencies. Our ability to provide both broad-based generalist training in core clinical competencies and special emphasis training reflects our wealth of rotational placements and supervisors available at Hines. Rotational selection is based on Fellows' training needs that are requisites for achieving our Program's core competencies, on Fellows' training interests, and on supervisory availability. An assessment of the Fellow's training needs will be made by the Fellow, his/her Mentor and the Training Director. Training assignments are made only after extensive discussions between them.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by Fellows within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Fellows are also assigned a demographically diverse caseload to promote their training in issues of individual diversity.

The Psychology Fellowship Program is committed to a training approach that is sensitive to human diversity. Fellows are assigned an ethnically diverse caseload and are encouraged to bring issues of ethnic, cultural, and individual diversity

into supervision. Supervisors attempt to provide Fellows with female veterans for their caseload to promote caseload diversity by gender. Aspects of human diversity, including race, gender, ethnicity, sexual orientation, age, physical illness and disability are covered in seminars throughout the year.

Reflecting our focus on training that is sensitive to cultural and individual diversity, our Program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse Fellowship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced by recruiting a class that is diverse across theoretical orientations.

Reflecting our emphasis on education, training on the unit is supplemented by workshops, seminars, lectures, and grand rounds, as described in Program Structure and in Rotation Descriptions. The didactic education and the supervision afforded the Fellow also aim to provide the Fellow with the means to integrate science and practice to a level appropriate for independent licensed practice as a professional clinical or counseling psychologist.

TRAINING PROGRAM GOALS AND FOCUS

Training over the year focuses on helping Fellows develop skills in our core competencies to a point appropriate and competitive for independent licensed practice in clinical or counseling psychology by the conclusion of the Fellowship year. By the conclusion of the Fellowship year, we expect our Fellows to achieve our core competencies through a range of experience in their area of Special Emphasis and in generalist practice. We believe that Fellows are supported in their development of skills and knowledge in generalist and specialized clinical practice and in their development of an identity as an independently practicing clinical or counseling psychologist through a mentorship relationship with a psychologist practicing in the Fellow's area of Special Emphasis and through intensive yet collegial supervision with a range of supervisors across the training year.

The overarching training goals may be summarized as follows:

1. Fellows will develop the knowledge and skills necessary for independent practice in clinical or counseling psychology across the following core competencies: assessment, psychotherapy and intervention, consultation, supervision, teaching, program evaluation, organization, management and administration, professional, ethical and legal conduct, and strategies of scholarly inquiry and clinical problem-solving.
2. Fellows will develop the knowledge and skills necessary for practice across the Program's core competencies in an area of Special Emphasis.

Our core competencies define our objectives. Developing these core competencies to this skills level can be viewed as the training objectives that operationalize our program's overall goal.

CORE COMPETENCIES

The components of each core competency are described below, and should be achieved through experience in generalist practice and the Fellow's area of Special Emphasis. The Fellow achieves these competencies through supervised structured clinical and professional experiences specific to the Fellow's area of Special Emphasis as well as in generalist rotational activity. These clinical and professional experiences are detailed within the rotation descriptions that follow. These competencies may be also partially achieved through generalist clinical experience in the Psychology Fellowship Clinic and through optional participation in an administrative rotation or in research endeavors.

In addition, there are specific training objectives related to our Program's core competencies to master within each Special Emphasis that are unique to that Special Emphasis.

Assessment

Fellows should demonstrate advanced judgment in selecting assessment approaches, ability to develop rapport with patients of diverse clinical, age, gender and cultural groups, and skill in observing and describing behavior. Fellows should also demonstrate advanced skill in conducting a mental status examination. Fellows should demonstrate advanced knowledge in the administration, integration and interpretation of psychological test data in the areas of general intellectual and personality assessment and in intellectual and personality assessment with a specialized population, integrate data from multiple sources, and communicate results effectively in writing and in verbal communication with patients and relevant inter-disciplinary staff. Fellows should demonstrate advanced abilities in differential diagnosis in general psychological practice and in an area of specialized practice, be able to arrive at accurate DSM-IV diagnoses, and demonstrate advanced skills in feedback and recommendations to patients and interdisciplinary staff. Fellows should have advanced knowledge of theoretical, empirical and contextual bases of general and specialized assessment instruments. Fellows should demonstrate knowledge of ethical and diversity-related issues relevant to their assessments in general professional practice and in specialized practice, and should be sensitive to cultural diversity issues in assessment. Fellows should be aware of legal issues in assessment (e.g., malpractice, confidentiality, conflicts of interest, mandatory reporting, disability, commitment, forensics, court testimony). Fellows should demonstrate comprehensive knowledge of developmental, biological, pharmacological, social, systems and other issues relevant to assessment. Fellows should demonstrate advanced skills in case conceptualization across

theoretical orientations. Fellows rotating through neuropsychology should develop an advanced understanding of neuroanatomy and physiology, localizing, developmental, medical and neurological issues on task performance, and professional issues within neuropsychology.

Psychotherapy and Intervention

Fellows should be able to competently conduct individual, group and couples/family psychotherapy across populations and with advanced expertise with a specialized population. Fellows should understand the empirical bases of their interventions and should competently conduct evidence based therapy in general practice and in specialized practice. Fellows should demonstrate advanced case conceptualization skills across theoretical orientations. Fellows should understand the legal and ethical issues relevant to their interventions (e.g., referrals, hospitalizations, contracts with patients/families, consent to treatment, dual relationships, privileged communication, mandatory reporting). Fellows should understand diversity related issues relevant to their interventions and should demonstrate awareness of and sensitivity to these issues in psychotherapy and other interventions. Fellows should demonstrate advanced skills in treatment formulation and judgment about intervention alternatives necessity, objectives, strategies, length and termination. Fellows should obtain informed consent and provide treatment rationales before initiating services. Fellows should be able to demonstrate effective rapport, empathy, warmth and genuineness with clients. Fellows should be able to demonstrate support of clients but also effectively focus and control sessions. Fellows should be able to make effective interpretations in interventions as well as the ability to make direct, relevant and therapeutically timed comments effectively when needed. Fellows should also effectively understand and manage clients' boundaries, monitor progress toward therapeutic goals, and demonstrate advanced clinical judgment. Fellows should demonstrate advanced conceptualized understanding of process issues as they arise in psychotherapy and other interventions. Fellows should also demonstrate advanced skill in managing special situations (e.g., behavioral emergencies/crises).

Consultation

Fellows should understand models of consultation and be able to effectively conduct consultation to inter-disciplinary staff. Fellows should have knowledge of their consultation role in both generalized and specialized practice and of institutional and systems' dynamics and functions. Fellows should demonstrate professional conduct in consultative activity, effectively establishing and maintaining rapport, collegiality and boundaries with other professionals, and should manage consults in a timely and an appropriately autonomous manner. Fellows should understand diversity-related issues as they impact on consultation. Fellows should effectively collaborate as a consultant and define their own roles and contributions.

Supervision

Fellows should understand theories and methods of supervision. Fellows should direct supervision to meet defined goals and objectives at their level of training in both generalized and specialized practice. Fellows should demonstrate effective competency based skills as supervisors of interns and/or externs as available and appropriate, including assistance in coherent conceptualization of clinical work, in translation of conceptualization into techniques, and in development of supervisees' assessment and treatment skills.

Teaching

Fellows should be able to conduct level- and audience-appropriate professional presentations to other Fellows, interns, Psychology Service staff and inter-disciplinary staff. Fellows should be able to demonstrate appropriate preparation, level and organization of presentations. Fellows should competently develop, present and evaluate a time limited curriculum in a specialized area of practice to Interns and Psychology staff. Fellows' presentations and classes should be of high quality, should include literature review, and should integrate research and clinical issues as appropriate. Fellows should actively participate in others' presentations and contribute to them.

Program Evaluation, Organization, Management and Administration

Fellows should effectively identify and manage through outcome a program or treatment protocol for evaluation, including needs assessment, translation of questions into operationalized evaluation and effective analysis of evaluation results. Fellows should understand health care organizational process and structure. Fellows may develop understanding of the administration and structure of psychology training programs. Fellows may develop understanding of the administration and structure of a hospital psychology department. Fellows may assist supervisors in development or implementation of programs, policies and/or procedures.

Professional, Ethical and Legal Conduct

Fellows should adhere to and understand the application of APA Ethical Principles and other Professional Standards. They should be familiar with legal and professional issues in professional psychology at the national and state level (e.g., mandatory reporting, HIPAA, commitment, testimony) and with regulatory standards. Fellows should understand biomedical ethics and professional practice issues in Psychology. Fellows will competently contribute to committee work related to ethics or professional practice in psychology (on an optional basis). Fellows should demonstrate professional judgment and behavior in their interactions with clients and staff, including record-keeping, responsibility, prior authorizations, timeliness, punctuality, boundaries, maturity, initiative, motivation,

and appropriate attire and presentation. Fellows should demonstrate successful identity development as psychologists and socialization into the profession. Fellows should also integrate research and practice, and should think critically, analytically and scientifically (i.e., in evaluating information, in communication and situations and in addressing problems). Fellows should demonstrate awareness of, sensitivity to and respect for others, should effectively understand and manage professional boundaries with clients, should be effectively manage personal issues in relationships with clients and colleagues, and should be able to prevent personal problems from interfering with patient care and professional conduct.

Strategies of Scholarly Inquiry and Clinical Problem-Solving

Fellows should demonstrate advanced applications of scholarly inquiry and clinical problem-solving in their clinical work at both a general professional practice and specialized practice level, in their own supervision and in supervision of Interns and/or Externs, and professional presentations and teaching. Fellows should also demonstrate advanced knowledge of EBT approaches to clinical practice. Fellows should demonstrate advanced knowledge of the scientific and theoretical literature relevant to their rotations and appropriate application of the literature to practice. Fellows should effectively conceptualize clinical cases and situations at an advanced level. Fellows should demonstrate advanced knowledge of various theoretical perspectives relevant to their clinical work. Fellows should be able to evaluate outcome data and should demonstrate awareness of potential sources of cultural bias. On an optional basis, Fellows should conduct research professionally and ethically, demonstrate competency in designing and organizing research, in preparing literature reviews, in managing research protocols, in conducting statistical analysis and in interpreting results. Fellows should prepare their dissertation for publication. Fellows should prepare for successful state licensure application.

Each rotation within each Special Emphasis carries its own site-specific goals and objectives respectively. These goals and objectives flow from the overall training goals and objectives of the Hines Psychology Fellowship Program. The goals and objectives of each rotation are described in the Fellowship Brochure.

PROGRAM STRUCTURE

The Psychology Fellowship Training Program is designed to offer graduates from APA-Accredited clinical and counseling psychology doctoral programs and internships a 12-month intensive training experience (24 months in neuropsychology). All Fellowship slots follow our generalist model of exposure to a variety of experiences concurrent with particular focus in the Fellow's area of special emphasis. This model affords each Fellow the opportunity to develop core clinical skills in a variety of hospital settings in both generalist and

specialized practice with a variety of patient problems and diverse supervisory exposure.

ROTATIONAL STRUCTURE

Each Fellowship special emphasis is composed of Major Rotations, which comprise 50-75% of the training year (two years in Neuropsychology) and participation in the Psychology Fellowship Clinic, which comprises 20-25% of the year. Each special emphasis area may have its own rotational requirements within this frame. Participation in the Psychology Fellowship Clinic provides opportunities to enhance generalist skills defining the Program's core competencies. Research is optional to a maximum dedication of 25% of the Fellowship year. Time dedicated to an Administrative Rotation is available within the 25% time allocated to optional research.

The Fellowship year is divided into four 3-month quarters. Assignments are made to one rotation for a minimum of three months and a maximum of 12 months. The Fellow may work within one rotation quarter-time or half-time throughout the year or for a shorter period of time on a quarter-time, half-time or three-quarter time basis that extends at least three months. Quarters exist primarily as set times in which to change rotations and to complete quarterly evaluations by supervisors, Fellows and interns (when working with a Fellow). The calendar is maintained in this flexible schedule to a) allow for circumscribed clinical experience within and outside one's special emphasis area, b) afford ongoing clinical work within a program/clinic as part of one's special emphasis, c) allow ongoing work within a research protocol and d) afford the opportunity for ongoing involvement in an administrative rotation.

The Psychology Fellowship Clinic functions as a flexibly designed component of the Fellowship Program whose purpose is to afford Fellows the opportunity to enhance their generalist clinical skills in psychotherapy, assessment and consultation. Fellows are expected to allocate the equivalent of 6-8 hours each week to generalist practice, which includes direct service, related work (e.g., progress notes, report writing) and supervision. Fellows may meet this programmatic requirement in a number of clinical settings in which psychologists work and which provide a sufficiently clinically diverse population to afford enhancement of generalist clinical skills. It is likely that the Fellow will rotate across several of these settings to ensure adequate availability of psychotherapy, assessment and consultation experiences. Supervision may be assigned to a psychologist working within that setting or to one working outside that setting, per availability.

ILLINOIS LICENSURE

The Fellowship is designed to meet the State of Illinois Division of Professional Regulation requirements for supervised postdoctoral experience.

SUPERVISION AND MENTORSHIP

The Fellow will typically have one supervisor during a quarter in which he/she follows a full-time rotation. The Fellow will have more than one supervisor during a quarter if he/she takes two or three part-time rotations concurrently during that quarter.

Each Fellow will select a Mentor within the special emphasis that the Fellow follows. The Fellow has primary responsibility for arranging mentorship with a supervisor within his/her special emphasis area, although the Training Director will provide as much assistance as the Fellow desires. Selection of a Mentor typically reflects the Fellow's clinical and career goals and personality fit. In order to accomplish the goals and objectives of the program in concert with the Fellow's particular professional and clinical interests regarding these goals and objectives, the Fellow and his/her Mentor design a rotational and professional activities plan that the Fellow will follow across the year. The plan is designed as a fluid template, given changes in interest and development of opportunities that may arise over the course of the training year. The Mentor serves as a professional and clinical role model for the Fellow. The Fellow and Mentor will meet regularly within a collaborative and collegial structure, with focus placed on attaining professional identity as a psychologist working in that specialty area, on personal career development, on development of advanced generalist and specialist clinical skills, and on integration of personal and professional parts of the Fellow's life. The mentorship relationship is collegial but also reflective of the Mentor's supervisory and guidance functions in fostering skills and professional development.

Fellows will receive a weekly minimum of 2.5 formally scheduled hours of individual supervision on rotation by licensed Psychology staff supervisors. In addition, given the high level of interest and motivation of staff to provide education, Fellows typically receive additional informally scheduled supervision on rotation. Supervisory styles vary across supervisors, but supervision is viewed as collegial and collaborative. The frame of supervision may include direct observation of the supervisor or Fellow, co-therapy and co-consultation, review of audio-taped materials, and discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient. Each supervisor will provide a reading list to be reviewed in a didactic but collegial format. The Fellow will also take initiative to access resources and initiate critical discussion of materials. Supervision is very focused on helping the Fellow integrate theory and science with practice to a level consistent with independent licensed professional practice. In addition to referral to suggested and required theoretical and scientific readings, Fellows may be encouraged to explore various theoretical perspectives as applicable to their clinical work, discuss their practice through referral to scientific and theoretical underpinnings, increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations.

TRAINING ASSIGNMENTS

A major goal of our rotational system is to expose the Fellow to a variety of therapeutic models and applied skills within the Fellow's area of special emphasis, as well as an opportunity to develop and/or refine skills in other clinical, professional and research domains. A second but equally important goal is the consideration of the Fellow's present interests and future goals.

Training assignments are made only after extensive individual discussions between the Training Director, Fellow's mentor and each Fellow. The Fellow is encouraged to speak with various supervisors within the Fellow's area of Special Emphasis and with supervisors in clinics and programs participating in the Psychology Fellow Clinic to provide additional rotation selection guidance. The first quarter clinical rotations are usually assigned before the Fellowship year begins. The remaining rotations are often determined prior to the start of the second quarter. The Fellow, the Fellow's mentor and the Training Director will discuss the Fellow's training needs and will complete a training plan for the year. Appropriate rotational assignments and activities within rotations will be then determined for the remainder of the training year. However, this process is designed to be flexible in order to accommodate core competency requirements and changes in rotation and activity preference as the Fellow's interests and training needs become increasingly clarified. Some supervisors may request an interview with the Fellow prior to the final assignment. In addition, it is recommended that the Fellow talk with one or more supervisors (and research investigators) before requesting that placement. Assignments are formalized through the Training Director only, and not through a supervisor. This procedure has limited applicability for the Neuropsychology and Primary Care special emphases, given that primary clinical assignments are mostly programmatically defined, with flexibility built in for selection of activities focus within rotations, administrative rotations, Psychology Fellow Clinic areas of focus, and research. This procedure is also somewhat limited within the PTSD/Substance Abuse special emphasis, given that at minimum one-quarter of the year must be taken on a PTSD focused rotation and one-quarter of the year must be taken on the substance abuse rotation.

PSYCHOLOGY TRAINING DIRECTOR

Two of the basic functions of the Training Director are: 1) to arrange appropriate assignments for each Fellow based on their needs, interests, experience, training, and professional readiness, and 2) to design and maintain a program rich enough and flexible enough to provide essential clinical knowledge and skills in all Program core competencies.

The Training Director has broad program management and operation responsibilities for the Psychology Postdoctoral Fellowship. He has oversight of administrative and programmatic resources of the program, including comprehensive planning, developing and implementing policies and procedures,

determining needs of the programs, overseeing the quality and quantity of training, and establishing program initiatives and direction with the limitation of available staff and budget. He coordinates programming within the training program with managers of other programs in the hospital (e.g., research and development). He manages the work of the program and program staff, ensuring that work is assigned in a systematic way and meets facility and VA guidelines and standards. He has administrative responsibility directing the training activities of the 25 doctoral level psychologist clinical supervisors that participate in the program. Multiple deadlines exist throughout the year including the recruitment, selection and orientation of interns, postdoctoral Fellows and externs, the quarterly evaluation of Fellows and supervisors, development of didactic programming, as well as coordinating program self-studies, site visits and other regulatory requirements as needed to maintain national accreditation of these programs. His responsibilities also include monitoring of outcomes using a data-driven quality assurance process in the training programs that deliver specialized, complex and highly professional services that are important program components of the hospital and that significantly affect the health care provided to veterans. He evaluates the quality, quantity and effectiveness of training throughout his ongoing quality assurance process, including a comprehensive evaluation system, other surveys and self study. He serves as a supervisor for Fellows in the Addictions Treatment Program (ATP) rotation and the Psychology Training Administration rotation and may serve as a mentor for a Fellow in the PTSD/Substance Abuse track. He co-directs supervision of supervision seminars and presents Fellowship clinical and professional seminars.

Each Fellow should feel free to discuss issues and personal progress with the Director at frequent intervals. Time will be set aside for an exit conference during the final two weeks.

TRAINING DIRECTOR'S MEETING

Each Fellow will attend a quarterly Fellowship Meeting chaired by the Training Director. This meeting will provide a supportive and cohesive environment for the Fellows as a group and will ensure that professional development and program experiences meet Fellows' and the Program's expectations. This is also an opportunity for Fellows to have input in decisions that will be made regarding Fellowship programming, e.g., seminars and consultant scheduling. These issues may also be discussed during the individual meeting with the Director, but the focus at this meeting will be placed on programmatic and career development issues. Individual meetings with all Fellows will be arranged on at least a quarterly basis.

SEMINARS

In addition to core curriculum didactics focused on enhancing skills and knowledge in the Fellow's area of special emphasis, all Fellows will attend other

programmatic didactics as a group. Each Fellow will attend a monthly Supervision of Supervision Seminar with Dr. Sladen. Discussion and readings will focus on competency based development of supervision skills and will supplement the supervision of supervision that Fellows are afforded within their supervisory experience.

Each Fellow will also attend a weekly 90-minute Fellowship Seminar. Clinical seminars strengthen generalist skills, are devoted to psychotherapy, assessment and consultation, and are tailored to the advanced level of conceptualization, skills and knowledge expected of Fellows' at this point in their clinical work. There is some particular focus on enhancing generalist skills in empirically supported psychological assessment and intervention. Professional seminars review professional psychology topics of particular relevance to postdoctoral Fellows (e.g., licensure, EPPP preparation, job interviewing, salary negotiation, grant writing).

Each Fellow will also attend the Professional Series and Diversity Series seminars that are presented by staff psychologists and outside consulting psychologists. These seminars are required for Fellows and interns and are open to staff psychologist attendance. Fellows also attend the Diversity Topics Journal Club, which meets once a month. Each Fellow is expected to chair one meeting of the Diversity Topics Journal Club at some point during the Fellowship year.

Fellows are encouraged to attend the Hines/Loyola Psychiatry Grand Rounds, which meet once a month. Faculty also welcomes Fellows' interest in presenting at Grand Rounds.

Each Fellow will be engaged in additional didactic programming with their supervisors within their area of special emphasis. Didactic structure varies across special emphases.

TEACHING OPPORTUNITIES

Each Fellow will develop a three-session didactic curriculum within their area of Special Emphasis, which they will present to interns and to relevant Psychology staff. Interns will formally provide assessment and feedback aimed at helping the Fellows enhance their teaching skills within their area of clinical focus. Fellows are also invited to formally present at one Grand Rounds.

RESEARCH OPPORTUNITIES

Dedicated time to research will be available to all Fellows. However, it is expected that interest in incorporating formal research involvement will vary among the Fellows. Depending on availability of Research Department or Psychology Service mentors, compatibility of research interests, and suitability of research skills, Fellows may participate in ongoing funded research at Hines, or

other aspects of research. Alternatively, Fellows may use available research time to prepare their dissertation or other prior research for publication. Fellows are allocated up to one quarter of the year for a research rotation.

It is expected that each Fellow will develop a program evaluation or outcome measurement study during their Fellowship year, either within their clinical specialization or as part of their optional Administration Rotation. Fellows may follow an optional Administrative Rotation with focus on psychology administration, psychology training and/or hospital ethics.

FELLOWSHIP SELECTION

Psychology Training Committee rankings of Fellowship applicants are made on the basis of the application information combined with the interview. Diversity is sought in terms of the applicant's academic affiliation, geographic location, and personal demographic background. The Program is most favorably disposed to applicants who:

1. attended a Boulder-model scientist-practitioner doctoral program,
2. have broad-based training in our Program's core competencies,
3. have demonstrated skills in the applicant's special emphasis area,
4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population,
5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and
6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such applicants are seen as most likely to be well-prepared academically and through clinical training experience in these five relevant above-noted areas.

INTERVIEWS

Individual interviews are considered an important part of the application process. Our procedure is to screen applications on the basis of several criteria, such as amount and kind of clinical experience, research experience, letters of recommendation, and graduate course grades, before an interview is offered.

All applicants recommended by the Training Committee will be invited to interview with us during late January or February 2010. Out-of-state applicants

needing interview selection information early in order to make travel arrangements should ensure all application materials are received by our Program at least 1-2 weeks before our deadline. An interview is required for acceptance into the Fellowship program.

Applicants are typically interviewed by three staff members, including the Training Director and two staff members working in the applicant's special emphasis area. During the applicant interview, the applicant can field questions with the Training Director. Applicants are encouraged to arrange, in advance, meetings with staff members who work in areas of interest to them. Applicants may email staff they would like to meet to schedule a time (staff email addresses are listed below). To facilitate coordination, applicants may prefer to ask the Training Director to schedule meetings with staff, especially when applicants would like to meet more than one staff member.

A second interview may be suggested on rare occasion for some applicants when clarification or elaboration of some first interview issues is needed. If a second interview is suggested, a telephone contact is sufficient.

STAFF PSYCHOLOGISTS (Almost are licensed in the state of Illinois.)

Richard Greenblatt, Ph.D. – Executive Psychologist
(richard.greenblatt@va.gov)

Thomas Andrusyna, Ph.D. – Mental Health Intake Center
(thomas.andrusyna@va.gov)

Michael Blacconiere, Ph.D. - Extended Care Center
(michael.blacconiere@va.gov)

Jeff Canar, Ph.D. – Spinal Cord Injury
(jeff.canar@va.gov)

Robert Chimis, Ph.D. - Mental Health Clinic, Post Traumatic Stress Disorder
(robert.chimis@va.gov)

Paul Fedirka, Ph.D. - Blind Rehabilitation Center
(paul.fedirka@va.gov)

Elizabeth Frazier, Ph.D. (unlicensed) – Trauma Services Program/Addiction Treatment Program
(elizabeth.frazier@va.gov)

Marilyn Garcia, Ph.D. – Psychosocial Rehabilitation and Recovery Center
(marilyn.garcia@va.gov)

Patricia Garcia, Ph.D. - Mental Health Intensive Case Management Program
(patricia.garcia@va.gov)

Caroline Hawk, Ph.D., - Spinal Cord Injury
(caroline.hawk@va.gov)

Elizabeth Horin, Ph.D. (unlicensed) – Home Based Primary Care
(elizabeth.horin@va.gov)

Julie Horn, Ph.D. - Ambulatory Care/Primary Care
(julie.horn@va.gov)

Paul Johnson, Ph.D. - Spinal Cord Injury
(paul.johnson@va.gov)

David Kinsinger, Ph.D. – Neuropsychology
(david.kinsinger@va.gov)

Kelly Maieritsch, Ph.D. – Trauma Services Program
(kelly.maieritsch@va.gov)

J. Richard (Ric) Monroe – Trauma Services Program
(james.monroe2@va.gov)

Thomas Murphy, Ph.D. – Inpatient and Residential Psychiatry
(thomas.murphy@va.gov)

Kurtis Noblett, Ph.D. – Out-Patient Clinic- Operation Enduring Freedom/Operation Iraqi Freedom
(kurtis.noblett@va.gov)

Kathleen O'Donnell, Ph.D. - Practicum Coordinator, also Neuropsychology
(kathleen.odonnell@va.gov)

Barbara Pamp, Ph.D. – Trauma Services Program
(barbara.pamp@va.gov)

Irena Persky, Ph.D. – Home Based Primary Care
(irena.persky@va.gov)

Rene Pichler-Mowry, Ph.D. – Polytrauma Program
(rene.pichler-mowry@va.gov)

Kathleen Richard, Ph.D. – Primary Care/Ambulatory Care, Mental Health Clinic
(kathleen.richard@va.gov)

Laura Schmitt, Ph.D. – Rehabilitation
(laura.schmitt@va.gov)

Bernard Sladen, Ph.D. - Training & Education Director, also Addiction Treatment Program
(bernie.sladen@va.gov)

Jonathan Sutton, Ph.D. – Mental Health Clinic
(jonathan.sutton@va.gov)

Amanda Urban, Ph.D. – Polytrauma Program
(amanda.urban@va.gov)

Erin Zerth, Ph.D. – Home Based Primary Care
(erin.zerth@va.gov)

ASSOCIATED PSYCHOLOGIST

David Mohr, Ph.D. – HSR&D
(david.mohr@va.gov)

SUPERVISORS

The direct patient experience, combined with the supervision received, constitute the most important elements of any training experience. The Psychology Staff at Hines is a large and varied group of doctoral level Psychologists. They come from 18 different universities, and some currently hold faculty appointments at a number of different teaching institutions in the Chicago area. There is a wide variety in the theoretical orientations among the supervisors and many have been active in publication, professional advocacy and other areas of professional contribution. Almost all of the Psychology staff are full time, and therefore supervisors are available not only for regularly scheduled meetings but for unscheduled supervision as well.

We believe that our department and hospital provides a highly desirable work environment that has supported our success in retaining psychologists hired. Of the 17 psychologists hired since 2000, only three have left employment at Hines.

Psychology is presently in the process of hiring one psychologist each in addictions, spinal cord injury and psychosocial rehabilitation. These additional staff members may be available as clinical supervisors to the Fellowship Program.

INTERNSHIP AND EXTERNSHIP TRAINING IN PSYCHOLOGY

Hines is authorized to provide clinical and counseling psychology internship training to six students in 2009-10. Detailed information about our APA-Accredited Internship Program, including interns who have trained at Hines, is available in our Internship Brochure on our webpage at www.hines.va.gov/about/psychl.asp. Hines currently offers externship training to eight externs. Detailed information about our externship training is available in our Externship Brochure. The next internship and externship year begins July 6, 2010.

CURRENT FELLOWS

Justin Greenstein, Ph.D. (PTSD/Substance Abuse)
Ph.D. –University of Illinois at Chicago
Internship – Edward Hines VA Hospital
Email: justin.greenstein@va.gov

Jessica Kinkela, Ph.D. (Neuropsychology-Second Year)
Ph.D. – Ohio University
Internship – John D. Dingell VA Medical Center
Email: jessica.kinkela@va.gov

Brenda Sampat, Ph.D. (Primary Care and Mental Health)
Ph.D. – University of Kansas
Internship – Edward Hines VA Hospital
Email: brenda.sampat@va.gov

Jessica Thull, Ph.D. (Rehabilitation Psychology)
Ph.D. – Marquette University
Internship – Louis Stokes Cleveland Dept. of VA Medical Center
Email: jessica.thull@va.gov

2008-09 FELLOWS

David Cosio, Ph.D. (Primary Care)
Ph.D. - Ohio University
Internship – University of Massachusetts-Amherst, Mental Health Services (UHS)
Current Employment: Jesse Brown VA Medical Center, Chicago
Email: david.cosio@va.gov

Elizabeth Frazier, Ph.D. (PTSD/Substance Abuse)
Ph.D. – University of Alabama at Birmingham
Internship – San Francisco VA Medical Center
Current Employment: Edward Hines, Jr. VA Hospital
Email: elizabeth.frazier@va.gov

Elizabeth Horin, Ph.D. (Rehabilitation Psychology)
Ph.D. – DePaul University
Internship – Ann Arbor VA Healthcare System and University of Michigan
Healthcare System
Current Employment: Edward Hines, Jr. VA Hospital
Email: elizabeth.horin@va.gov

Jessica Kinkela, Ph.D. (Neuropsychology-First Year)
Ph.D. – Ohio University
Internship – John D. Dingell VA Medical Center
Email: jessica.kinkela@va.gov

FELLOWSHIP SUPERVISORS DESCRIPTIONS

ANDRUSYNA, Tomasz –

Ph.D. in Clinical Psychology from Northwestern University, Evanston.
Professional Interests: Empirically Validated Treatments, Treatment Efficacy and Effectiveness, Mood and Anxiety Disorders, Diagnostic Assessment, Therapeutic Alliance. Research Focus: Psychotherapy Process and Outcome. Theoretical Orientation: Cognitive Behavioral.

BLACCONIERE, Michael J. -

Ph.D. from Northern Illinois University. Professional Interests: Geropsychology, Rehabilitation, Post-Traumatic Stress Disorder. Research Focus: health-risk and health enhancing behavior, eating disorders, PTSD, job satisfaction. Theoretical Orientation: Cognitive-Behavioral.

CANAR, Jeff -

Ph.D. from Illinois Institute of Technology. Professional Interests: Behavioral Medicine, Rehabilitation, Organizational Ethics. Research Focus: Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

CHIMIS, Robert S. -

Ph.D. from Northwestern University. National Register of Health Service Providers in Psychology. Professional Interests: War-Zone Related Post Traumatic Stress Disorder. Research Focus: assessment of PTSD, Interaction between PTSD and Personality Features, Treatment Outcome Evaluation. Theoretical Orientation: Psychoanalytic.

FEDIRKA, Paul -

Ph.D. from Loyola University Chicago. Professional Interests: Blind Rehabilitation, Geropsychology, Clinical Supervision and Training, Clinical Ethics. Theoretical Orientation: Eclectic (Interpersonal/Humanistic).

FRAZIER, Elizabeth –

Ph.D. from the University of Alabama at Birmingham. Professional Interests: Post-traumatic Stress Disorder, Substance Use Disorders, Empirically Based Treatment including Prolonged Exposure, Cognitive Process Therapy, Acceptance and Commitment Therapy, and Mindfulness Based Treatment Approaches. Research Interests: Outcomes Research and Program Evaluation. Theoretical Orientation: Integrated Cognitive Behavioral and Interpersonal.

GARCIA, Marilyn –

Ph.D. from Northern Illinois University. Professional Interests: Affective Disorders, Stress and Coping, Psychosocial Rehabilitation, Sexual Trauma. Research Focus: Development and Maintenance of PTSD, Secondary Emotional and Cognitive Responses to Sexual Trauma. Theoretical Orientation: Cognitive-Behavioral, Interpersonal.

GARCIA, Patricia -

Ph.D. from Northern Illinois University. Professional Interests: Severe Mental Illness, Psychosocial Rehabilitation, Affective and Psychotic Disorders, Assessment. Research Focus: Minority Mental Health, Suicide, Depression. Theoretical Orientation: Cognitive Behavioral.

GREENBLATT, Richard L. – Executive Psychologist

Ph.D. from University of Illinois at Chicago. National Register of Health Service Providers in Psychology. Professional Interests: Personality Disorders, Psychosis, Quantitative Applications. Research Focus: Clinical Judgment and Assessment. Theoretical Orientation: Actuarial/Empirical.

HAWK, Caroline –

Ph.D. from DePaul University. Professional Interests: Pain Management, Biofeedback, Relaxation Training, Rehabilitation Psychology, Spinal Cord Injury. Research Interests: Chronic Fatigue Syndrome, Diagnostic Reliability, Program Development, and Evaluation. Theoretical Orientation: Cognitive Behavioral.

HORIN, Elizabeth –

Ph.D. in Clinical-Community Psychology from DePaul University. Professional Interests: Behavioral Medicine (rehabilitation psychology, health psychology, geropsychology and neuropsychology), Community Psychology. Research Focus: Multicultural Assessment, Disability Issues. Theoretical Orientation: Integrative.

HORN, Julie –

Ph.D. from Florida State University. Professional Interests: Clinical Health Psychology in Medical Settings, Psychophysiological Disorders, Health Promotion/Disease Prevention, Short-term Solution-Focused Therapies, Non-compliance and compliance Motivation, Management of Difficult Patients. Research Interest: Movement Disorders that are associated with long-term use of neuroleptics. Theoretical Orientation: Psychodynamic.

JOHNSON, Paul B. -

Ph.D. from University of Illinois at Chicago. National Register of Health Service Providers in Psychology. Professional Interests: Physical Disability and Rehabilitation, especially involving Spinal Cord Injury and Multiple Sclerosis. Research Focus: Impact of Rehabilitation Intervention on Psychological Status and Health Psychology. Theoretical Orientation: Cognitive Behavioral.

KINSINGER, David –

Ph.D. from the University of Miami. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and Dementias. Theoretical Orientation: Cognitive Behavioral.

MAIERITSCH, Kelly Phipps–

Ph.D. from Central Michigan University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments (specifically Cognitive Processing Therapy and Prolonged Exposure), and Diagnostic Assessment. Research Focus: Treatment Outcome, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

MOHR, David C. –

Ph.D. in Clinical Psychology from the University of Arizona in 1991. Research Interests: Use of Telecommunications Technologies (telephone, internet, palm technology) to Extend Psychological Interventions, Integration of Psychological Care into Primary Care. Full Professor, Dept. of Preventive Medicine at Northwestern University, joint appointment as a researcher at Hines VA HSR&D Center of Excellence.

MONROE, J. Richard (Ric) –

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Posttraumatic Stress Disorder, Motivation Enhancement/Motivational Interviewing, Empirically Supported Treatments, Psychological Assessment. Research Interests: Secondary Traumatic Stress, Treatment Outcome, Barriers to Treatment. Theoretical Orientation: Cognitive Behavioral.

MURPHY, Thomas J. -

Ph.D. from Loyola University Chicago. National Register of Health Care Providers in Psychology. Certificate of Proficiency in the Treatment of Alcohol and Other Psycho-active Substance Use Disorders from APA College of Professional Psychology. Certificate in Psychotherapy from Alfred Adler Institute. Professional Interests: Psychological Assessment, Social Interest. Research Focus: Personality Assessment. Theoretical Orientation: Cognitive-behavioral, Adlerian.

NOBLETT, Kurtis –

Ph.D. from University of Wisconsin-Milwaukee. Professional Interests: Post-Traumatic Stress Disorder, Anger Management, Empirically Validated Treatments, Diagnostic Assessment. Research Focus: Psychotherapy Outcome, Clinical Neuroscience. Theoretical Orientation: Cognitive Behavioral, Integrative.

O'DONNELL, Kathleen -

Ph.D. from Southern Illinois University- Carbondale. Professional Interests: Neurodegenerative Disorders, Mild Cognitive Impairment, Assessment of Competency. Research Interests: Memory and aging; Use of neuropsychological assessment to predict functional outcome. Theoretical Orientation: Psychodynamic.

PAMP, Barbara -

Ph.D. from Purdue University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments for PTSD, Supervision and Training. Research Focus: Risk (e.g., anxiety sensitivity, previous trauma) and Protective Factors (e.g., resilience, spirituality) in PTSD, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

PERSKY, Irena –

Ph.D. from the University of Illinois at Chicago. Professional Interests: Clinical Health Psychology in Primary Care, Adherence to Medical Treatments and Behavior Change, Interface of Clinical and Community Psychology. Research Interests: Health Promotion/Disease Prevention, Multiple Risk Behaviors, Adjustment to Challenging Life Transitions. Theoretical Orientation: Primarily Cognitive Behavioral.

PICHLER-MOWRY, Rene E,

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management. Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral.

RICHARD, Kathleen –

Ph.D. from Northern Illinois University. Professional Interests: Substance Abuse, Trauma, PTSD, Psychosocial Rehabilitation, Eating Disorders, Individual and Couples Therapy, Relationship Issues and Dissociative Disorders. Research Focus: Psychosocial Rehabilitation. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

SCHMITT, Laura –

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Neuropsychology, Care Giver Mental Health. Research Interests: Health Psychology, Neuropsychology. Theoretical Orientation: Primarily Cognitive-Behavioral.

SLADEN, Bernard J. – Psychology Training Director

Ph.D. from Washington University in St. Louis. National Register of Health Care Providers in Psychology. Professional Interests: Substance Abuse, HIV Disease, Psychological Evaluation, Couples/Family Therapy. Research Focus: Mental Health Manpower, HIV Disease. Theoretical Orientation: Integrative (Psychodynamic, Systems, Ecological focus).

SUTTON, Jonathan –

Ph.D. from Northwestern University in Evanston. Professional Interests: Mood and Anxiety Disorders, Mechanisms and Maintenance of Treatment Gains, Resilience and Prevention. Research Focus: Life Stress and Depression. Theoretical Orientation: Primarily Cognitive-Behavioral.

URBAN, Amanda –

Ph.D. from Illinois Institute of Technology. Professional Interests: Neuropsychology, Anxiety Disorders, Rehabilitation Psychology. Research Interests: Neuropsychological Sequelae of Traumatic Brain Injury, Neurodegenerative Dementias, Ecological Validity of Neuropsychological Assessment. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

ZERTH, Erin –

Ph.D. in Counseling Psychology from Southern Illinois University-Carbondale. Professional Interests: Primary Care and Mental Health Care in Rural Settings, Clinical Health Psychology, Physical Disability and Rehabilitation, Geropsychology, Neuropsychology. Research Focus: Interventions for Caregivers of Older Adults, Telehealth Interventions, Legislative Advocacy for Psychology. Theoretical Orientation: Cognitive Behavioral, Integrative.

ROTATIONAL STRUCTURE

During the first quarter, the Training Director and Mentor will meet with the Fellow to complete an individual training schedule for the year. The training year is divided into four three-month quarters. Because Fellows may concurrently work within various rotations across the year, quarterly periods serve primarily as time points for evaluations and for transition from one rotation to another. Listed below are the rotations designated within each Special Emphasis area and rotational selection structure.

SPECIAL EMPHASIS IN POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE ABUSE

This Special Emphasis affords a wide range of opportunities in the assessment and treatment of veterans with PTSD and Substance Use Disorders, with an emphasis on evidence based practice. Supervision and individualized didactics provide an advanced and broad knowledge of the research and theoretical underpinnings of addiction and PTSD, the enhancement of conceptualization skills and other clinical core competencies, an enhanced understanding of individual differences, and a primary focus on the integration of these elements and the ways these elements mutually inform. Interdisciplinary consultation, administration, teaching, and program development and outcome evaluation are also integral elements of this Special Emphasis. The Fellow elects two or three of the three Major Rotations.

Over the year, the Fellow is expected to follow a minimum of one quarter time in a rotation with a focus on PTSD and a minimum of one quarter time in our substance abuse rotation. Primary rotations in this Special Emphasis include rotations with Drs. Chimis, Maieritsch, Noblett, Pamp and Sladen. A third quarter time may be devoted to any of their rotations, research or an adjunctive administration rotation. A fourth quarter time is devoted to enhancement of generalist skills within the Psychology Fellowship Clinic. Drs. Chimis, Maieritsch, Noblett, Pamp and Sladen are available as Mentors in this Special Emphasis.

ASSIGNMENT SUPERVISOR: Robert S. Chimis, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic – Building 228

ASSIGNMENT DESCRIPTION:

This program focuses on the psychological aspects of PTSD. The placement will consist of experience in the diagnosis and treatment of military veterans with Post-traumatic stress disorder (PTSD).

The primary clinical setting is in an outpatient mental health clinic (MHC) composed of an interdisciplinary clinical staff, and an ethnically and culturally diverse patient population. PTSD cases may involve a variety of traumatic experiences: e.g., war-zone-related traumas, childhood traumas, and women veterans with sexual trauma histories. The Fellow may elect to treat clinical cases outside the medical center (e.g., Oak Park Vet Center). If the Fellow elects this option, a typical commitment would be one day per week for a minimum of six months.

The majority of patients are Vietnam veterans with combat-related PTSD. Many patients present with co-morbid psychological disorders (e.g., depression, substance abuse, personality disorders) and/or medical conditions (e.g., endocrinological, cardiac, neurological, musculoskeletal) which complicate the clinical picture and can make treatment very challenging. The Fellow will be expected to work with some of these difficult cases, because such cases often provide the best learning experiences. A smaller number of PTSD cases may also involve childhood traumas, non-combat adult traumas, and/or women veterans with sexual trauma histories.

The Fellow will have the opportunity to conduct individual and group psychotherapy with a diverse patient population in an outpatient mental health clinic (MHC) composed of an interdisciplinary staff (psychiatrists, clinical nurse specialists, social workers). PTSD cases may involve a variety of traumatic experiences: e.g., war-zone-related traumas, childhood traumas, and women veterans with sexual trauma histories. Consultation with other disciplines within the clinic will be available, as well as consultation/clinical cases outside the medical center (e.g., Oak Park Vet Center). If the Fellow elects to treat cases at the Vet Center, a minimum six-month commitment is expected. Some of the MHC and Vet Center staff have extensive experience with non-combat PTSD (e.g., women's sexual trauma, childhood trauma) and would be available for consultation.

GOALS:

The overall goal will be to understand each veteran's unique life experiences, and to establish a meaningful relationship with each veteran so as to achieve the highest possible level of therapeutic effectiveness. To this end, the Fellow will be expected to conceptualize each case in a manner which integrates all available biopsychosocial data in a meaningful way, in order to achieve the most comprehensive understanding of the individual patient. This will include integrating the patient's childhood experiences, military experiences and traumas, post-military adjustment issues, current symptoms, and personality features.

TRAINING OBJECTIVES: (specialist and generalist knowledge and skills) with focus on evidence based practice)

- **Assessment and Diagnosis**

The Fellow will be expected to complete at least 12 PTSD evaluations in a six-month rotation, but no more than one per week in order to maximize the learning experience. The assessment process typically includes one or more clinical interviews. The Fellow will also be expected to familiarize himself/herself with some of the formal assessment instruments for PTSD: e.g., a structured interview (CAPS), and written questionnaires (DAPS, Trauma Symptom Inventory).

To enhance generalist assessment experience, the Fellow will perform full diagnostic test batteries (WAIS, WMS, Rorschach, TAT) for two of these evaluations and present the results at a Monday/Friday Didactic Conference to the Psychology Interns. Special emphasis will be placed on the integration of the PTSD-specific assessment data with the more general test data, and the implications for treatment. The diagnostic goal for all evaluations will be to integrate all available biopsychosocial data in a meaningful manner to achieve the best understanding of the individual patient. This will include integrating the patient's childhood experiences, military traumas, post-military adjustment issues, current symptoms, and personality features.

- **Psychotherapy and Intervention**

The Fellow will have experiences in both individual and group psychotherapy modalities. He/she will be expected to carry a caseload of about 10 individual PTSD cases (for a full-time placement), and to participate as a co-therapist in at least one PTSD treatment group. There is a major emphasis in the clinic on

training in evidence based methods: e.g., recent training was provided for interested clinic staff by a local psychologist with extensive experience in EMDR treatment. Training in psychodynamic case conceptualization and treatment is also emphasized. The Fellow will have the opportunity to follow a few individual cases for the full Fellowship year.

To enhance generalist psychotherapy skills, the Fellow will have an opportunity to conduct therapy with non-PTSD cases from the MHC's general patient population. The Fellow can use such an opportunity to better conceptualize the similarities and differences in treatment aspects for PTSD and non-PTSD cases.

- Consultation

Consultation with other disciplines within the clinic will be available, as well as consultation/clinical cases outside the medical center. Some of the MHC and Vet Center staff have extensive experience with non-combat PTSD (e.g., women's sexual trauma, childhood trauma) and would be available for case consultation. The Fellow could attend a monthly consultation group at the Oak Park Vet Center for therapists working with sexual trauma cases, which is conducted by a staff psychologist who specializes in such cases.

Supervision (of interns, externs)

The Fellow will provide supervision to Psychology Interns in this special emphasis, with opportunities defined by the Fellow's previous knowledge and experience. As an example, supervision may include the training of Psychology Interns in the administration, scoring and interpretation of PTSD assessment instruments.

- Strategies of Scholarly Inquiry and Clinical Problem Solving

The Fellow is encouraged to pursue his/her individual scholarly interests relevant to this placement. A reading list and other information (e.g., DVDs, videotapes, military museum sites) will be available to provide a basic familiarization with the psychological aspects of PTSD, including various cultural perspectives; and with the personal, historical and political aspects of the Vietnam War and warfare in general, in order to better understand the veterans' combat experiences in a broader context.

The Fellow will be expected to become conversant with the literature on the diagnosis and treatment of PTSD, with special emphasis on evidence-based treatments. The Fellow will present this information at a formal didactic conference to the Psychology Interns (and/or to the MHC staff; and/or at a Psychiatry Grand Rounds at Loyola).

The Fellow will be expected to become conversant with the literature on the neurophysiological and neuroanatomical aspects of PTSD, and will present this information to the Psychology Interns, as above.

The Fellow will be also expected to discuss the implications of the PTSD-specific information in the broader context of current trends in psychological diagnosis and treatment: e.g., the physiological changes which occur in patients and therapists during psychotherapy.

- Organization, Management, Program Evaluation and Administration

The Fellow will be expected to attend certain clinic staff activities: e.g., the weekly clinic staff meeting; the weekly clinic Psychotherapy Conference, where new referrals to the clinic are interviewed and assigned to therapists. The supervisor is available to discuss any administrative issues which may arise. The Fellow will be encouraged to initiate program evaluation projects, such as treatment outcome studies, and the supervisor would work in collaboration with the Fellow on such studies.

SUPERVISION:

The Fellow will receive a minimum of one hour of formal supervision per week for individual cases; and a minimum of one-half to one hour for each group with which the Fellow is involved as a co-therapist. Informal supervision is available on an as-needed basis. The goal of supervision is to provide for the exploration and understanding of diagnostic and treatment issues which the Fellow will encounter in his/her clinical experiences, and to utilize this knowledge to better appreciate both the patients' experiences and the Fellow's personal reactions to the patients. Please be advised that on this rotation, the Fellow will be working with traumatized combat veterans. Their combat experiences may include graphic descriptions of the violence of warfare and its aftermath. Working with these veterans can be very physically and emotionally draining, and can result in the Fellow's having feelings of serious distress, discomfort and instability. The Fellow's emotional reactions can and should be processed in supervision

sessions. This processing may involve discussing some personal material which may be similar to, but not the same as, the process of personal psychotherapy.

In addition to the formal didactic activities which are available to all Psychology trainees, interdisciplinary didactic opportunities in MHC are being discussed by the clinic staff: e.g. academic/clinical presentations at weekly clinic staff meetings.

ASSIGNMENT SUPERVISORS: Kurtis Noblett, Ph.D.
Kelly Maieritsch, Ph.D.
Barbara Pamp, Ph.D.

ASSIGNMENT LOCATION: Trauma Services Program, Building 228, 4S

ASSIGNMENT DESCRIPTION:

This rotation is focused on providing education, assessment, and psychotherapy for veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning. Veterans may have experienced all types of trauma including but not limited to: combat, sexual assault, physical assault, and survivors of attempted homicide. Veterans may also have dual diagnosis of PTSD and substance abuse/dependence. Patients consist of men and women representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF). The Trauma Services Program is a specialty program (previously referred to as the PTSD Clinical Team) whose primary mission is to provide psychoeducation and evidence-based treatments to veterans coping with posttraumatic reactions. Another key component of the program is training and consultation for other VA staff.

The Fellow will have the opportunity to participate in various aspects of this program depending on preferences and time allowance. S/he can expect to administer empirically-based individual and/or group psychotherapies (the latter of which is the more prominent modality of treatment in the program).

Treatments currently offered include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Seeking Safety, Mindfulness Based Coping Skills, Anger Management, and Motivational Interviewing. The Fellow may participate in an introductory psychoeducation class disseminating information regarding trauma, trauma reactions, and therapy options to veterans. The Fellow will be encouraged to utilize objective assessment measures for both diagnostic and outcome purposes, as well as for treatment planning. The Fellow may also be able to participate as an evaluator for grant-funded treatment outcome studies. These evaluations are detailed batteries including diagnostic structured-interviewing [e.g., SCID I and Clinician Administered PTSD Scale (CAPS)].

The Trauma Services Program currently consists of five psychologists, one social worker, and a part-time psychiatrist. Weekly meetings with the treatment team provide the opportunity for case discussion and treatment planning. Attendance at weekly group consultation provides further training and consultation in the implementation of evidence-based practice.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.

2. Develop treatment plans specific to the unique mental health needs of each patient.
3. Exhibit competence in the administration of empirically based treatments.
4. Provide consultation with other staff members who provide multidisciplinary care to the patients.
5. Provide and participate in didactics for the internship/externship training programs.
6. Follow and document patient activity in accordance with Trauma Services standard operating procedures.
7. Function autonomously and responsibly in handling all aspects of patient care.

TRAINING OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview. Select and administer appropriate assessment measures (e.g., CAPS, SCID) specific to the patient's needs. Review patient records and integrate information from diagnostic interview into integrated reports. Utilize psychotherapy outcome measures (e.g., BDI, BAI, PTSD checklist) for quality assurance and treatment planning.
2. Develop treatment plans specific to the unique mental health needs of each patient. Incorporate data from assessment and interview in directing treatment strategies. Draft comprehensive treatment plans for each new patient; modify over the course of treatment as needed.
3. Exhibit competence in the administration of empirically-based treatments. Select appropriate treatment manuals for the administration of empirically based treatments. Serve as primary therapist or co-therapist in weekly psychotherapy or psychoeducation groups.
4. Provide consultation with other staff members who provide multidisciplinary care to the patients. Attend weekly meetings with Trauma Services treatment team. Provide referrals for medication management and consultation to other staff members as necessary.

5. Provide and participate in didactics for the internship/externship training programs. Supervise intern case presentations. Provide at least one didactic presentation regarding professional development for the internship training seminar series.
6. Provide accurate and timely follow-up to patient activity through phone contact, electronic database maintenance, and paper charting of treatment documents and outcome assessment.
7. Function autonomously and responsibly in handling all aspects of patient care. Submit reports and treatment notes in a timely manner. Schedule initial sessions quickly and respond to no-shows/cancellations effectively and within the designated timeframe of the Trauma Services standard operational procedures. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.

SUPERVISION:

Supervision will be provided to the Fellow in accordance with APA licensing guidelines for the state of Illinois via weekly meetings with one of the clinic's licensed psychologists. Although supervision will be available via weekly meetings and on an "as needed" basis, the Fellow will be expected to function independently as an active member of the psychology staff. The Fellow will also be responsible for providing formal supervision to psychology interns and externs, who are an important part of the Trauma Services Program and provide both assessment and psychotherapy services.

ASSIGNMENT SUPERVISOR: Bernard J. Sladen, Ph.D.

ASSIGNMENT LOCATION: Addiction Treatment Program (ATP) – Bldg 228

ASSIGNMENT DESCRIPTION:

The Addiction Treatment Program (ATP) is an outpatient program for patients with a substance abuse diagnosis. The patient population consists of veterans from diverse demographic backgrounds and diagnoses. Patients may be seen in group, individual, or couples therapy with treatment completion expected within 4 to 9 months. Evidence-based treatment informs the Program's structure. All patients who are new to ATP participate in Phase One programming. ATP Phase One treatment is a 6-week, 12-session program designed to assist individuals in substance abuse recovery. Phase One is an empirically based treatment derived from Seeking Safety, Dialectical Behavior Therapy (DBT), and Motivational Enhancement therapy (MET) modalities. Phase One emphasizes the concepts of individual safety, distress tolerance, motivation, and consciousness-raising as essential to an individual's recovery. Within ATP, there is an Intensive Outpatient Program that meets from 9am-noon, Monday-Friday, and lasts for six weeks. The Intensive Outpatient Program consists of additional Phase One modules as well as evidence based 12-step facilitation treatment. The Intensive Outpatient Program also includes groups with Education Therapy, Recreation Therapy, and Chaplain Service. After completion of either the Intensive Outpatient or Phase One program, patients typically transition to a Phase Two group that is selected to best meet the patient's clinical needs. Phase Two groups include: coping skills groups modeled on DBT and mindfulness training; Anger Management using a Cognitive-Behavioral Therapy approach; and Seeking Safety. Additional groups are also offered to patients dependent upon their treatment needs, and include: a Women's Group; Smoking Cessation Groups; and a Family Group for patients' family members or friends. All three programs maintain an interdisciplinary focus with a clinic structure that promotes ongoing consultation and collaboration across disciplines, with core staff including psychologists, psychiatrists, social workers, addiction therapists, and nurses.

GOALS:

1. Develop an advanced and broad knowledge of the scientific literature and theoretical underpinnings of addiction.
2. Develop an advanced ability to clinically integrate the role that the patient's substance abuse plays with other elements of the patient's psychological and social functioning.

3. Develop enhanced case conceptualization skills that integrate the various spheres of influence on the patient's psychological functioning.
4. Develop skills in individual and group psychotherapy with patients with a substance abuse diagnosis with emphasis on developing skills in evidence based practice and empirically supported treatments.
5. Develop formal assessment skills based on interview and assessment data.
6. Develop advanced skills in interdisciplinary collaboration and consultation within program structures that are committed to these activities, including those with a staff psychologist (ATP) and those without one (OSC).
7. Develop skills in conducting professional presentations and participate in didactics.
8. Develop skills in student supervision.
9. Develop a program or treatment protocol for evaluation.

TRAINING OBJECTIVES:

Fellows will demonstrate competency in the following areas:

1. **Psychotherapy and Intervention:**
The Fellow will provide individual and group therapy to patients in the ATP, with an emphasis on enhancing core psychotherapeutic skills and developing skills in evidence based practice and empirically supported treatments. The Fellow may participate in groups across all three programs, but will likely devote the majority of time to the Phase Two program. Some patients may also be seen through the Opioid Substitution Clinic (OSC), which provides outpatient treatment to patients with opioid dependency diagnoses. The Fellow should demonstrate advanced case conceptualizations. The Fellow's caseload will consist of demographically and diagnostically diverse patients.
2. **Assessment:**
The Fellow will provide formal assessment aimed at comprehensive integration of data available through interview, formal assessment instruments, and collateral data with patients who provide diagnostic challenges within the ATP program. The Fellow will also use appropriate outcome measures to assess the effectiveness of interventions.

3. Consultation:
The Fellow will function as an active member of the interdisciplinary treatment team. The Fellow will provide psychological consultation to interdisciplinary staff in the ATP, the OSC and other programs, as necessary. The Fellow will also participate in the weekly ATP team meeting.
4. Teaching:
The Fellow will conduct professional presentations and participate in individualized didactics that focus on biological, psychological, systems and cultural variables affecting substance abuse. This will involve the Fellow taking responsibility for the reading of the theoretical and scientific literature as it pertains to substance abuse and critically evaluating information.
5. Supervision:
The Fellow will provide supervision of assessment and treatment to a psychology intern or interns in the ATP rotation, under Dr. Sladen's supervision.
6. Program Evaluation, Organization, Management and Administration:
The Fellow will develop a program or treatment protocol for evaluation. This may involve conducting a needs assessment, translating questions into operationalized evaluation, and analyzing the evaluation results. The Fellows will also develop a better understanding of the ATP organizational process and structure. In addition, the Fellow may assist the supervisor in developing or implementing programs, policies and/or procedures.

SUPERVISION:

Supervised learning is collaborative and collegial. Supervision will address the relevant science, the enhancement of conceptualization skills and other core clinical competencies, an enhanced understanding and appreciation for individual differences, and a primary focus on the integration of these elements and the ways in which these elements mutually inform. Supervised learning will also occur through experience in co-therapy with Dr. Sladen and through participation in a program that strongly values interdisciplinary collaboration and teamwork.

SPECIAL EMPHASIS IN NEUROPSYCHOLOGY

The Hines VA Psychology Service has three clinical neuropsychologists assigned to cover neuropsychology services throughout the hospital. The purpose of this postdoctoral experience is to provide training that will result in an advanced level of competence in Clinical Neuropsychology. The postdoctoral Fellowship in neuropsychology will emphasize core domains, including clinically based assessments, TBI rehabilitation services, consultation experience, didactic training, opportunities to provide supervision, and research inquiry. Fellows will complete several major rotations in an attempt to gain competency in the core domains: 1) Outpatient Neuropsychology, 2) Inpatient Neuropsychology Consultation, and 3) Polytrauma/TBI. In addition, all post-doctoral trainees will have an opportunity to participate in minor areas of study aimed at broadening their neuropsychology experience (see complete list below). Finally, commensurate with our philosophy that all good neuropsychologists have strong training as generalist psychologists, all Fellows will devote a fourth quarter time to the Psychology Fellow Clinic. The Training Director, in concert with the Fellow's Mentor (and Neuropsychology team) and the Fellow, will formulate an individualized training plan that emphasizes basic practice competencies and maximizes each Fellow's training goals. While at least half of the Fellow's time will be engaged in clinical neuropsychology, generalist training in the Psychology Fellowship Clinic and additional elective training experiences (described below) will fill the remainder of the Fellow's time. Drs. Kinsinger, O'Donnell and Urban are available as mentors in this Special Emphasis.

ASSIGNMENT SUPERVISORS: Kathleen O'Donnell, Ph.D.
Amanda Urban, Ph.D.
David Kinsinger, Ph.D.

ASSIGNMENT LOCATION: Psychology-Building 228
Throughout Hospital

ASSIGNMENT DESCRIPTION:

This experience will emphasize a clinically-oriented, flexible approach to neuropsychological assessment. Individualized qualitative and quantitative assessment techniques which are designed to answer specific referral questions will be highlighted. The Fellow will learn how to operate in the role of a consultant, providing neuropsychology services to both inpatient and outpatient populations. Referral sources include Neurology, Psychiatry, General Medical and Surgical, and other medical services. Referral questions are varied but may include diagnostic differentiation, documentation of symptoms related to specific neurological disorder/disease, rehabilitation/vocational needs, behavioral management, and determination of medical/financial capacity. Opportunities to become familiar with CT, MRI, SPECT, and EEG reports will be available, allowing the trainee to correlate neuropsychological findings with neuroanatomical dysfunction. The student will be exposed to a wide variety of neurocognitive disorders, including but not limited to: known and suspected dementias (including cases of MCI), strokes and vascular disease, traumatic brain injury, toxic/metabolic disorders, aphasias, amnesic syndromes, various neurological diseases, and neuropsychiatric disturbances. The Fellow will become skilled at providing feedback to the patient, family members, and other health care providers. Trainees will have the opportunity to provide supervision to practicum students and neuropsychology interns from our APA accredited psychology internship program. Each week, fellows will be required to attend the Neurology case conference and the Neuropsychology didactic. By the completion of post-doctoral training, the Fellow will have completed a formal neuroanatomy course and there will be ongoing opportunities to attend brain cuttings during the course of training.

Description of Major Rotations:

1. Outpatient Neuropsychology: Patients will be scheduled into the fellow's Neuropsychology clinic and seen on an outpatient basis. Fellows will be entirely responsible for completing comprehensive evaluations, including interviewing and evaluating patients, writing reports, providing patient feedback, and consulting with the medical provider when necessary. Consultation questions commonly involve differential diagnosis of dementia, but fellows will have an opportunity

to gain experience with a broad spectrum of referral questions and a wide-variety of neurocognitive disorders.

2. Inpatient Neuropsychology Consultation: This rotation truly emphasizes a flexible approach to Neuropsychology. Patients must be seen within a short window of time and the evaluation is often much briefer than the typical outpatient battery. The fellow will learn how to interpret referral questions and become more comfortable in their role as a consultant. Fellows will also learn the art of writing shorter reports with quicker turnaround times. Referral questions will be wide-ranging, but common questions will involve delirium vs. dementia, differential diagnosis of dementia, and questions about medical/financial/independent living capacities.
3. Polytrauma/TBI: Primary duties will include providing neuropsychological assessments to patients with known or suspected traumatic brain injury. The patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in IED blasts, mortar attacks, or motor vehicle accidents resulting in a traumatic brain injury. Many of the patients are young (20's), but ages may vary (20-55). Fellows will be responsible for conducting the clinical interview and neuropsychological testing, writing the report, and providing feedback to patients and family members regarding the evaluation results and recommendations. Opportunities to provide education regarding traumatic brain injury to patients, family members, and fellow team members will also be available. Fellows will learn how to work as part of an interdisciplinary treatment team by attending weekly polytrauma administrative meetings and/or interdisciplinary staffings. If interested, opportunities to shadow other rehabilitation professionals and participate in a family support/education program may also be available during this rotation.

Additional (elective) Training Rotations:

- Spinal Cord Unit: psychological assessment and intervention; neurocognitive screenings
- Acute Inpatient Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Blind Rehabilitation Unit: psychological assessment and intervention; neurocognitive screenings
- Geropsychology: psychological assessment and intervention on acute, intermediate, and long-term care units; neurocognitive screenings
- PTSD: psychological assessment and intervention

- Neurology Consultation: an opportunity to round with Neurology attending and residents; basic understanding of neurology examination

GOALS AND TRAINING OBJECTIVES:

1. A thorough understanding of standardized neuropsychological assessment procedures with an emphasis on a flexible, process-oriented approach.
2. Advanced ability to independently conceptualize cases and write strong reports in a timely manner.
3. Advanced skills in neuropsychological consultation sufficient for independent practice.
4. Extensive knowledge of common neurological and neuropsychiatric disease entities.
5. Advanced understanding of brain-behavior relationships and basic neuroanatomy.
6. Development of basic supervisory skills necessary for mentoring student trainees at the graduate and intern levels.
7. Increased comfort with your professional identity as a neuropsychologist.
8. Eligibility for state licensure and board certification in clinical neuropsychology by the American Board of Professional Psychology.

SUPERVISION:

Individual supervision will be provided a minimum of two hours each week. One of these hours will be scheduled, while the other hour will be ongoing and flexible in order to maximize learning. The fellow will have an opportunity to gain exposure to a diversity of supervisory styles since s/he will work with each of our Neuropsychology staff members. Group supervision, involving the fellow, interns, and practicum students, will also take place. Fellows will have an opportunity to gain experience as supervisors themselves, conducting supervision with practicum students and interns (under the supervision of a licensed provider). In order to help the Fellow better understand the administrative tasks of Neuropsychology, s/he will attend Neuropsychology team meetings twice each month.

Didactic programming specific to neuropsychology includes:

1. Weekly Neuropsychology Didactic: includes a mix of formal presentations, journal readings, and case presentations. A 6-week clinical neuroanatomy series will be part of this didactic series.
2. Psychology Professional Series: special topics in psychology (1.5 hours every other week)
3. Weekly Neurology Case Conference
4. An opportunity to attend brain cuttings within the medical center
5. Formal neuroanatomy course: foundations of neuroanatomy.

SPECIAL EMPHASIS IN PRIMARY CARE

In this Special Emphasis, the Fellow attains both general advanced practice competencies and competencies in behavioral medicine. The Fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary medical care settings. Through clinical practice and supervision, the Fellow will develop advanced skills in the evaluation and treatment of emotional, behavioral and cognitive factors that affect patient health outcomes and functioning as well as advanced skills in effective interdisciplinary functioning within the culture and goals of primary care. Over the year, the Fellow is expected to follow a minimum of one half-time across the Primary Care and Home Based Primary Care rotations. A third quarter time may be devoted to the Primary Care and/or Home Based Primary Care rotations, the Polytrauma rotation, an adjunctive administration rotation, or research. A fourth quarter time is devoted to enhancement of generalist skills within the Psychology Fellowship Clinic. Drs. Horn, Persky and Zerth may serve as mentors in this Special Emphasis.

ASSIGNMENT SUPERVISOR: Julie Horn, Ph.D.

ASSIGNMENT LOCATION: Primary Care/Ambulatory Care rotation
Building 200

ASSIGNMENT DESCRIPTION:

General Medicine Clinic (GMC) Psychology provides mental health services to primary care and specialty medicine clinics, and is a part of the Mental Health Service Line. It is largely an outpatient service, although it is not uncommon to follow patients who have been admitted to the hospital. Clinical work occurs primarily within primary care medicine and selected specialty clinics. Psychology plays an integral role within an interdisciplinary network that includes physicians, medical residents, nurses, nurse practitioners, pharmacists, dietitians, educators and social workers. The patient population is primarily male, over age 50 and ethnically diverse. Many patients have disabilities.

- Broadly, Fellows will focus on developing proficiency in health assessment and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health. The role of psychologists in Hines' Primary Care Clinic truly integrative and Fellows will work collaboratively with primary care providers to enhance treatment of the full spectrum of medical and psychological problems that are presented by clinic patients. There will be an emphasis on both patient-centered consultation and cross-disciplinary collaboration. Fellows will be provided with medical knowledge sufficient to communicate with physicians and other primary care providers and to understand medical charts as well as to understand the relationship between health and behavior.
- Fellows will gain an understanding of health care systems and to learn to understand and appreciate how the functioning of other team members is essential to good patient care.
- Fellows will focus on developing assessment skills with specific patient populations (e.g., patients with insomnia, diabetics w/ compliance issues, cardiac patients w/ depression) as well assessment skills geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in their health care. Fellows will have the opportunity to learn how medical illness may complicate the process of making psychological diagnoses as well as how psychological problems negatively impact one's ability to optimally participate in maintaining their physical well being.
- Treatment is typically geared toward helping patients cope effectively with major medical illnesses, promoting healthy lifestyles, encouraging treatment compliance, enhancing overall quality of life, and helping patients to cope w/ functional changes and changes in family roles that occur as a result of medical problems
- The majority of treatment is short-term, solution focused, cognitive behavioral and problem focused. There will be an emphasis on using

empirically validated treatments for a spectrum of disease processes. In addition, there is the opportunity for less structured, longer term treatments.

GOALS:

- The primary responsibility of the Fellow will be to develop advanced competence in providing clinical services to patients who are coping w/ acute and/or chronic medical conditions and to facilitate lifestyle change in those patients who are at risk for chronic disease.
- Fellows will conduct individual, couples and group psychotherapy aimed at symptom reduction and increased compliance and adherence.
- Fellow will learn to develop and carry out evidenced based behavioral medicine treatment plans.
- Fellows will develop advanced skills in serving as a consultant-liaison to the multidisciplinary treatment team in the primary care setting.
- Fellows will have the opportunity to spend a significant part of their rotation focusing on developing skills in program development and outcome studies. Fellows will have research time to conduct literature reviews aimed at identifying empirically based treatments for specific medical conditions. Fellows will also have the opportunity to identify outcome measures that can be used in clinical settings (i.e., group therapy) to track meaningful changes in symptom reduction with the aim of assessing the efficacy of the aforementioned treatments.
- Fellows will also establish collaborative working relationships with medical residents and participate in educating medical staff on the impact that psychological functioning has on one's physical health.
- Fellows will participate in the supervision of Psychology Service Interns.

TRAINING OBJECTIVES:

Fellows will demonstrate competency in the following areas:

- Clarify and appropriately respond to requests for consultation in a timely manner
- Conduct diagnostic interviewing aimed at assessing the full spectrum of problems/issues that may impact one's physical health including, but not limited to, Axis I and II diagnoses, compliance issues, cognitive status, social support, substance use/abuse, subclinical symptoms.
- Develop advanced understanding of the complex interrelationship between psychological and physical well being.
- Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment.

- Develop treatment plans that are respectful of a short-term, solution focused, evidenced based practice model with a focus on functional outcomes as well as health promotion/disease prevention.
- Use appropriate outcome measures to assess the efficacy of interventions.
- Actively participate in the training of medical residents by providing instruction aimed at increasing their understanding of the biopsychosocial model of patient treatment.
- Demonstrate advanced knowledge of psychotropic medications and the importance of compliance with all aspects of patient's treatment plans.

SUPERVISION:

The Fellow will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced based practice in health psychology. Supervision time will be used develop/identify outcome measures to be used in empirically based treatments and later to review/track changes in symptomatology. Supervision time will also include focusing on professional issues related to the role of health psychologists on medical units. Additionally, there will be a didactic component focused on helping fellows to achieve advanced understanding of medical problems that present with psychological symptoms and/or how psychological diagnoses/maladaptive personality traits negatively impact one's ability to participate optimally in their own health care.

ASSIGNMENT SUPERVISOR: Irena Persky, Ph.D; Erin Zerth, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care Service
Building 217/Building 228
Community (patients' homes)
Inpatient follow-up, when appropriate
*Optional opportunity to gain Primary Care
Experience in a Rural Setting via Hines
Satellite Clinics within HBPC*

ROTATION DESCRIPTION:

On this rotation, the Fellow will work as part of an interdisciplinary treatment team (medicine, nursing, pharmacy, social work, psychiatry, kinesiotherapy and dietetics) providing comprehensive services in the homes of veterans with complex and chronic, disabling medical disease(s), such as diabetes, COPD, CHF, cancer, multiple sclerosis, morbid obesity, dementia, etc. HBPC aims to effectively manage chronic disease(s) and reduce inpatient days and total cost of care. The overwhelming majority of patients in the program are geriatric, but ages vary widely (40-100).

The Fellow will provide ongoing HBPC team consultation services (i.e., participation in interdisciplinary team meetings, collaboration with HBPC providers, making joint home visits) and a full range of psychological services to HBPC patients. Services will include screening; psychological, cognitive, and decision-making capacity assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize time-limited, evidence-based and best practice approaches. The Fellow will have the opportunity to address Axis I conditions as well as subclinical symptoms of dysphoria and anxiety, adjustment difficulties (e.g., terminal illness, end-of-life issues), and excessive use or misuse of alcohol or other drugs; provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence; promote communication/interactions between medical team members, patients, and their families to facilitate the medical treatment process.

The Fellow will provide psychoeducational and supportive interventions for spouses, family members/caregivers, and others that are crucial to sustaining the veteran in the home environment. For example, family members may be trained to better manage behavioral problems associated with dementia; such training may allow the HBPC team to reduce use of psychoactive medication as a means of controlling behavioral problems. Opportunity to gain rural primary care experience is available through Hines satellite clinics (i.e., Joliet and Manteno) as supervised by Dr. Zerth.

Since a significant portion of clinical services will be provided in patients' homes, a major rotational emphasis will be on learning how to practice in the context of family and community. The Fellow will have the opportunity to learn how to integrate patient's ecology into the treatment plan. In order to maximize learning opportunities, driving time will be minimized as much as possible. When joint home visits are conducted driving time will be utilized for consultation or supervision purposes. A portion of clinical services may also be provided via telephone, thus another component of the rotation may involve learning how to effectively practice via telehealth. When appropriate, the Fellow will have the opportunity to follow patients during their Hines VA hospitalizations and facilitate transition and adjustment to new living situations (e.g., nursing home, assisted living facility).

TRAINING GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary medical care settings
2. To develop advanced skills in the evaluation and treatment of emotional and behavioral factors that affect patient health outcomes and functioning
3. To develop advanced skills in effective interdisciplinary functioning within the culture and goals of primary care

TRAINING OBJECTIVES:

The Fellow will develop and solidify core competencies in the following domains (adapted from Robinson & Reiter, 2007):

1. Clinical practice

- a. Diagnostic interviewing to identify problem/s of concern; limit number of target problems consistent with strategic theories of change; focus on functional outcomes
- b. Conduct appropriate assessments (e.g., identification of Axis I symptomatology, cognitive deficits)
- c. Show knowledge of and implement best practice guidelines, and use evidence based treatments for clinical, subclinical and behavioral health conditions with a focus on brief, solution-focused treatment
- d. Develop advanced understanding of relationship of medical and psychological processes
- e. Show knowledge of psychotropic medicines and adherence strategies
- f. Provide health promotion/disease prevention/primary care lifestyle interventions
- g. Since the majority of HBPC patients are age 65+, the fellow will develop a foundation of clinical practice with older adults

2. Practice management

- a. Use sessions efficiently; stay on time when conducting consecutive appointments; use intermittent visit strategy to support home based practice model
- h. Choreograph patient visits within existing medical services process; coordinate triage of patients to and from external specialty services (e.g., mental health, ATP)
- i. Evaluate outcomes of interventions and develops alternative treatment when indicated

3. Consultation and team performance

- a. Focus on and respond to the referral question; tailor recommendations to work pace of medical units; make recommendations concrete and easily understood by all HBPC team members; focus on recommendations that reduce physician/nurse visits and workload
- b. Provide timely feedback to referring providers
- c. Conduct effective unscheduled/high need consultations
- d. Be willing and able to assertively follow up with health care team members, when indicated
- e. Prepare and present brief presentations to HBPC staff
- f. Attend and actively participate in interdisciplinary team meetings

1. Documentation/administrative skills

- a. Document response to referral question in a timely manner
- b. Write timely, clear, concise chart notes indicating assessment results, objective, quantifiable goals for treatment, treatment response and patient adherence to homework
- c. Document curbside consultations, telephone calls, forms completed and letters written for or received from patients
- d. Understand and apply risk management protocols
- e. Document patient education

SUPERVISION:

The Fellow will initially be accompanied on home visits by the supervising psychologist, but will transition to making home visits on his/her own. The Fellow will meet weekly with the supervising psychologist regarding core competencies and overall professional development. A major focus of the supervision time will be on evidence-based practice in psychology. Using actual treatment cases, the supervisor and the Fellow will collaboratively explore ways to access the most current, clinically relevant research and integrate this information into patient care given their clinical expertise and patient ecology. Supervision will also encompass a didactic component. That is, the Fellow will be provided with a reference list of readings relevant to practicing in a primary care medical setting, with the geriatric population, and in a home setting, and some of these readings will be

discussed in supervision. Although supervision will be available via weekly meetings and on an “as needed” basis, the Fellow will be expected to function independently as an active member of the psychology staff.

ASSIGNMENT SUPERVISOR:

Rene E. Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION:

**Polytrauma Psychology Program
Building 228**

This rotation includes clinical activity and a population that is viewed as appropriate for a Special Emphasis in Rehabilitation Psychology and in Primary Care. A full description of the rotation is included in the brochure section describing the Special Emphasis in Rehabilitation Psychology.

SPECIAL EMPHASIS IN REHABILITATION PSYCHOLOGY

This Special Emphasis focuses on providing a diverse array of evaluation and intervention opportunities with individuals with acute or chronic, and traumatic or progressive/degenerative injuries or illnesses that may result in physical, sensory, neurocognitive, emotional or behavioral disabilities. The Fellow will provide a variety of clinical services, including psychological and brief neuropsychological assessment, counseling and psychotherapy to the patient and their support system (e.g., family members, caregivers), and psychoeducation addressing adjustment to disability and health issues to the patient and their support system. Furthermore, the Fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, such as physicians, nurses, social workers, physical and occupational therapists, and dietitians. Opportunities for participation in interdisciplinary didactics, administration, teaching, program development, and outcome evaluation are also available in this Special Emphasis. These experiences will provide the Fellow with an advanced understanding of biopsychosocial and environmental theories and their interplay in rehabilitation psychology.

Over the year, the Fellow is expected to follow a minimum of one half-time in some combination of Rehabilitation Psychology rotations. Rehabilitation Psychology rotations include Geropsychology, Blind Rehabilitation, Polytrauma Program, Spinal Cord Injury, and the MOVE! Program. A third quarter time may be devoted to any of these rotations, research or an adjunctive administration rotation. A fourth quarter time is devoted to enhancement of generalist skills within the Psychology Fellowship Clinic. Drs. Blacconiere, Canar, Fedirka, Hawk, Johnson and Pichler-Mowry are available as Mentors in this Special Emphasis.

ASSIGNMENT SUPERVISOR: Michael Blacconiere, Ph.D.

ASSIGNMENT LOCATION: ECC- Rehabilitation Psychology

ASSIGNMENT DESCRIPTION:

Patients seen on this rotation may come from any of three wards at the Extended Care Center (ECC). Most patients seen by a rehabilitation Fellow would likely come from the Reactivation Unit. These patients have been identified as needing physical rehabilitation for several weeks to several months: They have limitations in abilities and not "disabilities." Their problems are wide ranging and might include stroke, amputation, traumatic head injury, cardiac impairment, renal failure and cancer. In some instances, the patient incurred prior mental health problems which are exacerbated by their current condition, and in other instances, the current illness(es) lead to difficulties in adjustment in otherwise well-adjusted individuals. It is not unusual to include the caretakers and loved ones in our evaluations and treatments. Some of the patients are transferred from acute rehabilitation, and in those instances it may be possible for students to follow the patient through an extended time period as he or she adapts to a medical condition.

After a brief introduction, postdoctoral Fellows would interview patients independently and provide diagnoses and treatment planning. In general, an intervention of several sessions based on evidence based practice in psychology (EBPP) follows. The interventions are customized to the patient and their particular needs. For example, a patient with some deficits in social support may be provided with such support, but also may receive training with assertiveness and communication skills to obtain greater involvement of family and friends. Other treatment modalities may employ techniques such as relaxation training, cognitive restructuring and goal setting.

Another important function of the psychologist in this setting is serving as a consultant to staff when patients present with behavioral problems. In these cases, the intervention may involve staff education and training. The psychologist also responds to consults regarding a patient's competency to make medical and financial decisions.

GOALS:

This rotation affords postdoctoral students with experience in the assessment, diagnosis, and treatment of rehabilitation patients. The overall goals for the postdoctoral student would be to acquire the skills and knowledge to function independently in a rehabilitation setting.

TRAINING OBJECTIVES (specialist and generalist knowledge and skills) with focus on evidence based practice):

- a. By the end of the rotation postdoctoral Fellows will be able to accomplish a large set of proficiencies. He or she will be able to administer, score and evaluate objective psychological tests that contribute to differential diagnosis and outcome measurement, screen for neuropsychological impairment and assign DSM-IV diagnoses as indicated.
- b. The postdoctoral Fellow will develop and implement detailed treatment plans to meet the often complex needs of the individual patient. As such, the Fellow will integrate their knowledge of empirically based science with the unique cultural, personality and biopsychosocial features of the patient in an often creative way.
- c. These diagnoses and treatments will be accurately documented in an electronic treatment plan.
- d. He or she will provide appropriate clinical feedback to other professionals, patients and their families in line with current HIPPA standards and APA ethical principles. Often, the postdoctoral Fellow will work closely with the interdisciplinary staff in various phases of the interventions. For example, a patient with anxiety regarding rehabilitation may be accompanied to physical therapy by the psychology postdoctoral Fellow. The Fellow may meet with the treatment team to help establish and accomplish patient goals. It is expected that the Fellow will establish his or her professional identity as a psychologist within the context of the interdisciplinary team.

SUPERVISION:

Supervision is designed to facilitate the postdoctoral Fellow's professional identity with emphases on support, honesty and excellence. The level of knowledge of the postdoctoral Fellow will continue to develop throughout the rotation through attendance and participation in didactic experiences. There will be opportunities for advanced Fellows to instruct and to supervise pre-doctoral Fellows.

ASSIGNMENT SUPERVISOR: Paul Fedirka, Ph.D.

ASSIGNMENT LOCATION: Blind Rehabilitation Center - Building 113

ASSIGNMENT DESCRIPTION:

The Hines Blind Rehabilitation Center is a 34 bed residential treatment center. Legally blind veterans from 14 Midwestern states are referred here for intensive blind rehabilitation training. The patients range in age from their late teens to their late 90s but the majority are in their 60s and 70s. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills, and will last from 6-14 weeks depending on the needs and abilities of the patient.

All new patients are assessed by Psychology for their adjustment to blindness, their cognitive abilities, and their overall psychiatric status. The most commonly encountered psychiatric diagnoses include: the mood disorders (from adjustment reaction to major depression); PTSD; and, substance abuse. Approximately 10% have significant neuropsychological deficits, while less than 5% have been diagnosed with schizophrenia, bipolar disorder, borderline personality disorder or antisocial personality disorder. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in adapting their program to the limitations a patient may have.

The most common causes of blindness are: macular degeneration; glaucoma; diabetic retinopathy; and, trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical/physical conditions, which may or may not be related to their vision loss (e.g. diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The Fellow is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

The Fellow who does a major rotation in the BRC would have the primary responsibility for the assessment, treatment and management of any and all psychological issues presented by the individuals on their caseload. Their scope of practice would be based on Evidence Based Practice in Psychology (EBPP) as recommended by the 2005 Preferred Practices Patterns for Psychologists in VA Blind Rehabilitation. The Fellow would also be encouraged to develop their own expertise by seeking out and applying relevant literature through the internet and other sources. Clinical supervision would be provided by the incumbent BRC psychologist.

In addition to patient assessment and intervention the Fellow will provide consultation on a regular basis to the BRC rehabilitation teachers in 5

departments as well as medicine, nursing, optometry, and social work. The Fellow will have the opportunity to consult with other sections of Hines Hospital and to obtain consultation from other psychologists and mental health professionals with different expertise (e.g. pain control, addictions, PTSD, psychopharmacology, etc.) The Fellow will participate in team meetings and the development of individual care plans.

Other responsibilities and options include: supervising psychology doctoral interns in the BRC, teaching a psychology class to blind rehabilitation interns, and participating in ongoing satisfaction and outcome research or initiating a research protocol of their own design.

GOALS:

1. To understand and develop a professional identity as a health care psychologist in a multidisciplinary rehabilitation setting.
2. To develop the clinical skills needed to conduct assessments and provide short-term interventions with a population that has little psychopathology but significant adjustment issues related to blindness and medical conditions.
3. To develop the consultative skills needed to work effectively with medical and blind rehabilitation specialists in providing insights and feedback about a patient's psychological and cognitive functioning.
4. To acquire specialized knowledge about the field of blindness, rehabilitation processes, and co-morbid medical conditions, and their influence on psychological functioning.

TRAINING OBJECTIVES

1. The Enhancement of Assessment and Interviewing Skills
 - a. Review medical records, interview and assess a minimum of 30 new patients during the rotation.
 - b. Assess the psychological functioning of each patient. This will include possible DSM IV diagnoses, overall adjustment to blindness and the quality of social support system.
 - c. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as warranted.
 - d. Conduct vocational assessment interviews as needed,

- e. Produce a written product for each assessment that is done in language which is technically correct and suited for medical/rehabilitation professionals.
2. The Enhancement of psychotherapy skills
- a. Conduct individual supportive or growth oriented psychotherapy with a caseload of approximately 4 clients per week.
 - b. Provide assessment feedback to each patient and appropriate family members.
 - c. Refine and adapt their own therapy model for working with a person who has a Visual Impairment (VI). Develop interventions and treatment goals that are specific for each patient.
 - d. Develop and present psychoeducational material during weekly group therapy sessions.
3. The Enhancement of Skills of Consultation Skills
- a. Develop a familiarity with models for the provision of psychological consultation in medical and rehabilitation settings.
 - b. Provide independent consultation to members of the professional staff directly working with a patient. This may be done on an emergency or routine basis.
 - c. Participate in staffings. Present findings and recommendations based on the results of the psychological assessment. Develop objective, data driven treatment plans.
 - d. Understand and consider the dynamics of the institution, the history of the center and hospital, the institutional politics and other influences on the treatment program.
 - e. Establish their own professional identity as part of the rehabilitation treatment team.
4. Develop a Specialty Knowledge Base with Regard to Blindness, Rehabilitation and Geropsychology
- a. Each Fellow will participate in the patient (training) role for 16 hours of blind rehabilitation classes.

- b. Become familiar with readings and research in rehabilitation psychology, blind rehabilitation, vocational psychology, and geropsychology as well professional material from other related fields.
 - c. Become familiar with legal and political issues as they pertain to blindness and disability.
 - d. Become familiar with the professional roles and philosophies of other rehabilitation team members.
 - f. Attend didactic seminars and workshops as available.
5. Other Responsibilities
- a. Supervision of pre-doctoral interns (when available).
 - b. Teach psychology class to graduate school interns from the field of blind rehabilitation.
 - c. Participate in ongoing satisfaction and outcome research or initiate a research protocol of their own design.
 - c. Present at least one seminar to members of the BRC staff.

SUPERVISION:

Supervision will be available as needed and will be scheduled for a minimum of 2 hours week. At the post-doctoral level it is expected that supervision will be more consultative in format and that the Fellow will be responsible for selecting the work material that is to be discussed. Assessment and intervention strategies will be addressed but broader issues of personal and professional identity are just as likely to be focused on.

Educational content will include the following areas: blind rehabilitation, geriatrics, medical psychology, and basic neuropsychology. This will be achieved through readings that have been assembled by the supervisor and previous trainees, supervision, and attendance at BRC and other hospital seminar programs. The Fellow will also be expected to make at least one formal presentation to the BRC staff.

ASSIGNMENT SUPERVISORS: Jeff Canar, Ph.D.
Caroline Hawk, Ph.D.
Paul Johnson, Ph.D.

ASSIGNMENT LOCATION: Spinal Cord Injury Service
Acute Rehabilitation Unit, Building
128, Medical Care SCI Units (2),
Building 128.
Outpatient Clinic, Building 128 /
Home Care Clinic
Residential Care Facility

ASSIGNMENT DESCRIPTION: Spinal Cord Injury Service

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care and outpatient care to veterans having a spinal cord injury. The veteran population tends to be bi-modal in age with younger veterans acquiring traumatic injuries due to accidents, etc. and older veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital based SCIS consists of two 34 bed units with approximately 6-8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 veterans who are spinal cord injured and require long term residential care. Finally, SCI outpatients are seen on follow-up in the acute hospital setting as well as in the home based care program.

Several of the following rotation options can be combined (e.g., 50% time on the acute unit can be combined with 50% on the RCF).

Rotation Description: Acute Medical/Sustaining Care: Inpatient Rotation and Acute Patient Rehabilitation Education

Dr. Johnson is the primary attending psychologist on SCI/South, which is a 28 bed inpatient SCI unit housing veterans having a medical complication associated with their spinal cord injury or an acute/chronic medical condition that they may experience during the course of their lifetime requiring hospitalization. He also coordinates and provides the patient education program on SIC/North for the newly injured Spinal Cord Injured individuals in the 8 bed inpatient SCI CARF rehabilitation program.

All SCI medical inpatients are evaluated by Psychology Fellow for their psychiatric status, adjustment to their disability and their cognitive functioning. Approx. 30% have some diagnosable psychological problem (e.g. depression, substance abuse), and approximately 10% have some closed head injury or dementing illness impacting their cognitive function. Severe psychiatric disorders (e.g. schizophrenia) are infrequent. All medical inpatients are seen by

Psychology Fellow with issues of mood disorders, treatment compliance, delirium, and neuropsychological evaluation being the most prevalent causes for intervention. Many SCI patients are also seen for individual counseling concerning their mood disorders or adjustment to their disability. Brief therapy modalities and problem-focused empirical treatments are provided in addition to supportive counseling interventions. In addition, acutely injured SCI patients undergoing rehabilitation are seen either individually or in a psycho-educational group format for rehabilitation education concerning SCI, adjustment to disability, pain, sexuality and a variety of other content areas.

GOALS:

- a. To develop an overall understanding of the role of a health psychologist on an SCI medical inpatient service working within a multidisciplinary team model with patients who are typically not psychopathological in their psychological functioning.
- b. To develop clinical skills allowing for differential diagnoses of pathology as well as their adjustment to physical disability. To develop treatment skills to provide primarily individual interventions to help people cope with their disability and their emotional reaction to their disability.
- c. To develop professional skills relevant to working collaboratively with medical providers and multi-disciplinary rehabilitation professionals.

TRAINING OBJECTIVES:

- a. Assessment and diagnosis: intake interviewing; psychometric testing including structured tests of cognitive function, personality, psychopathology, and physical disability.
- b. Psychotherapy and Intervention: primary use of evidence based brief psychotherapies (e.g. behavioral, cognitive-behavioral); adjustment to disability counseling; and limited use of insight-oriented psychotherapy.
- c. Consultation: staff consultation concerning special behavioral problems including pain; discipline problems; compliance to treatment; and cognitive impairment.
- d. Supervision of interns, externs: when, possible the Fellow will supervise doctoral-level psychology interns who are on the SCI Service concurrently.
- g. Strategies of scholarly inquiry: The Fellow will prepare diagnostic and disability related case presentations as well as specialty psychology services to the SCI interdisciplinary staff.

5. Training methods: Apprenticeship model with increasing autonomy as SCI expertise is developed across the rotational time.
6. Clinical Settings: Fellow will work in the SCI acute medical inpatient service, the SCI acute rehabilitation inpatient service (newly injured), and see outpatients in office setting.
7. Research Experience: Fellow will either publish/present national paper and prepare an SCI specific research proposal OR Fellow can design/implement an SCI research project.
8. Didactics: Fellow will attend interdisciplinary weekly SCI seminars; read specific specialty in SCI from AASCIPSW reading list.
9. Interdisciplinary involvement: daily collaborative with all team members; active participation in weekly team meeting; and monthly SCI Grand Rounds.

SUPERVISION:

The Fellow will receive three, then two hours a week.

Rotation Description: Acute Medical/Sustaining Care-Inpatient Rotation and Outpatient SCI Clinic

This rotation, supervised by Dr. Hawk, provides Fellows the opportunity to work with spinal cord injury (SCI) patients in a primary care setting. These patients are seen on one of the SCI inpatient medical units and the SCI outpatient clinic. Patients seen on the SCI inpatient unit are veterans who have an acute medical condition (e.g., congestive heart failure, UTI, pressure ulcer) in addition to a SCI. Some of these patients have lengthy hospitalizations (4 months +) due to the nature of their medical problems while others' length of stay can be quite brief. The population on this unit tends to be either middle aged (50's) or elderly (70+). There is therefore an opportunity to gain experience in geropsychology. Common presenting complaints include depression, anxiety, PTSD, pain, and difficulty adjusting to aging with a disability. Other common issues involve substance abuse, compliance with medical treatment, and assessment of mental status changes. Services provided include: diagnostic testing, consultation, individual therapy and family therapy.

Patients seen in the SCI outpatient clinic are veterans generally presenting for follow-up medical care or routine health screenings (e.g., annual evaluation). Coverage of the outpatient clinic by SCI psychologists is provided to identify and triage veterans in need of mental health services. Services provided include: brief diagnostic interview/assessment, formal diagnostic testing (as needed), preventive health screening & counseling, and consultation with clinic physicians and nursing staff. Patients initially seen in the outpatient clinic may be seen for

ongoing psychotherapy and behavioral health management is such services are needed.

Fellows will have the opportunity to function as a member of a multidisciplinary team comprised of physicians, nurses, physical therapists, social workers, psychologists and dieticians. Attendance at weekly multidisciplinary staffings and monthly grand rounds is expected. The workload activities on this rotation tend to be evenly distributed amongst consultation, assessment, and individual therapy.

GOALS:

1. Refinement of professional identity as a health psychologists and understanding of the roles a health psychologist holds in a multidisciplinary medical setting.
2. Ability to consult and communicate effectively with physicians, nurses, and other multidisciplinary team members regarding patient management issues.
3. Ability to conduct efficient, diagnostically accurate clinical interviews.
4. Ability to provide verbal feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcome.
5. Ability to provide short-term therapy skills and/or solution-focused treatment in a timely and competent manner.
6. Report writing skills comparable to those of an independently practicing psychologist.

TRAINING OBJECTIVES:

Fellows will provide comprehensive assessments (i.e. full intake interviews of 7-8 individuals with SCI. These assessments include clinical interviewing as well as any indicated psychometric assessments of personality, mood, and cognitive function. Fellows are expected to produce an integrated report to be entered in the patient's chart within one week of completing interviewing and assessment.

Fellows will carry an overall caseload of approximately 6-8 medical inpatients having SCI. In general, clinical services provided to these patients will involve assessment and weekly individual therapy. Fellows are expected to meet with patients they are assigned to at least once a week for follow-up and therapy. Fellows are also expected to write chart

notes on these patients in a timely manner (preferably same day as the patient was seen).

Coverage in the outpatient SCI clinic 1-2 days a week.

Fellows will be responsible for reading provided materials on SCI and developing specialty knowledge in the area of spinal cord injury.

SUPERVISION:

Fellows will receive a minimum of 1 hour of direct individual supervision per week. Direct supervision is available, but not mandatory. Additional supervision is always available as needed and can be scheduled on a regular basis. Fellows are expected to become more autonomous as the rotation progresses and their skills develop.

Rotation Description: Acute Rehabilitation and Acute SCI Clinic

Dr. Canar supervises this rotation. The acute rehabilitation program on spinal cord injury is a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, educational therapy, recreational therapy, nursing and psychology. The average length of stay is 8-12 weeks. Patients present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems which may or may not be related to their spinal cord impairment. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders and/or substance abuse. Severe psychiatric disorders (e.g., schizophrenia) are infrequent. Psychology services provides assessment and individual counseling to all rehabilitation patients, coordinates psychological and psychiatric care with the patient's attending physician, and acts as a consultant to the treatment team as necessary.

Fellows will have the opportunity to function as a member of a multidisciplinary team comprised of physicians, nurses, physical therapists, occupational therapists, recreational therapists, nurse practitioners, social workers, psychologists and dietitians. Attendance at weekly multidisciplinary staffings and monthly grand rounds is expected.

GOALS:

1. Further improve one's understanding of the roles and functions of a health psychologist on a medical inpatient unit.

2. To learn to function as a key member of a multidisciplinary treatment team, communicate effectively with other providers, and provide insight and feedback about patients to treatment team members.
3. To develop clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, crisis management, case management, and patient advocacy.
4. Ability to provide verbal feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcome.
5. Report writing skills comparable to those of an entry level psychologist.

ROTATION OBJECTIVES:

1. The Fellow will provide comprehensive psychosocial assessments of 8-12 acutely injured individuals with SCI. The number of assessments is determined by the number of admissions over the course of the rotation.
2. The Fellow will attend the patient family staffings, acute rehab team meetings, and the monthly coordinating conference.
3. The Fellow will provide individual therapy for 8-12 acutely injured individuals with SCI. The number of therapy clients is determined by the number of admissions over the course of the rotation.
4. The Fellow will be responsible for chart reporting, test reports, treatment plans, and feedback to patients, family and the treatment team.
5. The Fellow will be responsible for reading and developing specialty knowledge in the areas of rehabilitation as well as spinal cord injury. A reading list is provided.
6. If time allows, the Fellow may participate in ongoing performance improvement projects for the SCI service and can also participate in hospital committee work (Dr. Canar is the current chair of the Patients Rights and Preventive Ethics Committee).

SUPERVISION:

Fellows are scheduled for a minimum of 1 hour direct, individual supervision per week. Additional supervision is always available as needed. Formal evaluation of written work and assessments is ongoing throughout the rotation.

Rotation Description: Residential and Long-term Care sub-rotation:

Dr. Johnson supervises this rotation. The Residential Care Facility (RCF) houses 30 long-term care patients with varying levels of psychological need. Fellows can gain experience in short-term psychotherapy and assessment with patients, as well as consultation and skill building with the Nursing staff and other members of the treatment team. Patient presenting problems include: depression, anxiety, treatment non-compliance (especially related to diet and pressure sore prevention/healing), adjustment to long-term disability, sleep disorders, obesity, chronic pain, substance abuse, dementia, and personality disorders. The Fellow will work with patients with varying levels of physical functioning. Some are fairly highly functioning and independent, and others are almost entirely dependent for their care needs. The Fellow will also contribute to weekly multidisciplinary staffing meetings, and participate in team building sessions with the RCF Nursing staff as needed.

GOALS:

1. To learn how to function independently as a health psychologist on a long-term care unit, managing a diverse caseload of pathology ranging from mild mood disturbance to severe Axis I and Axis II disorders.
2. To strengthen clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, brief problem-focused therapy, supportive counseling, crisis management, case management, and patient advocacy.
3. To develop skills in working with the interdisciplinary team on both patient-focused care issues, as well as on conflict resolution between staff and patients.
4. To learn the specialized knowledge required of the SCI/D population, and the role that a health psychologist plays with the SCI/D population.
5. To learn special therapeutic and assessment-related needs, specific to individuals with significant physical limitations.

ROTATION OBJECTIVES:

1. The Fellow will complete comprehensive assessments on one patient each month or as needed. The Fellow will integrate interview data with objective psychometric measures.
2. The Fellow will follow 2-4 patients for supportive or short-term, problem-focused, individual therapy.
3. The Fellow will complete 2-5 brief quarterly patient assessments per week.

4. The Fellow will participate in developing topics for, and facilitation of, the RCF team building group.
5. The Fellow will contribute to weekly staff meetings.
6. The Fellow will be responsible for chart reporting, test reports, treatment plans, feedback, etc. for patients they see professionally.
7. The Fellow will be responsible for reading and developing specialty knowledge in the area of spinal cord injury and adjustment to disability.

SUPERVISION:

Fellows will receive a minimum of 1 hour of direct individual supervision for their work on RCF. Additional supervision will be available as needed.

ASSIGNMENT SUPERVISOR:**Rene E. Pichler-Mowry, Ph.D.****ASSIGNMENT LOCATION:****Polytrauma Psychology Program
Mental Health Building 228****ASSIGNMENT DESCRIPTION:**

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. Blast injuries (i.e., IED's) resulting in polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). TBI frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post traumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

Hines is a **Polytrauma Network Site (PNS)**. As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Physiatry, PT, OT, SLP, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of polytrauma/TBI veterans.

As part of the Polytrauma Psychology Program, the fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries. Patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in blasts, mortar attacks, or motor vehicle accidents. Patients represent a variety of racial and ethnic backgrounds. Most of the patients are young (20's), but ages may vary (22-55).

Primary duties will include providing psychotherapy to the TBI/polytrauma patients. Typically, the fellow will treat the patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. The fellow will learn how to complete a thorough

mental health intake assessment if necessary. This intake includes obtaining a thorough personal history, military history, medical issues, psychosocial stressors, and diagnosis. Additionally, the fellow will create an appropriate treatment plan with goals, interventions, etc. The fellow will have the opportunity to attend weekly polytrauma administrative meetings and/or interdisciplinary staffings. Opportunities are available to communicate/consult with providers from other departments/disciplines to ensure quality patient care.

The fellow will have the opportunity to work with patients that present with chronic pain and other health related issues. The fellow will learn how to use relaxation skills and biofeedback in an outpatient mental health setting.

This rotation is available to fellows both in the Primary Care and Rehabilitation tracks.

GOALS:

1. Display clinical competence in conducting intake assessments and diagnostic interviewing.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.
3. Develop competent writing skills.
4. Become comfortable and familiar with working with interdisciplinary team.
5. Communicate patient information effectively, appropriately, and ethically to other providers.
6. To strengthen clinical skills, specifically in the areas of relaxation skills and biofeedback as applied to behavioral health concerns.
7. To learn the specialized knowledge required of the populations being served, and the role that a psychologist plays with these populations.

TRAINING OBJECTIVES:

1. The fellow will complete intake assessments with polytrauma/TBI patients who are new to the Mental Health Service Line. Diagnostic interviews will be conducted with those patients who are already active in the MHSL, but new to psychotherapy.
2. The fellow will maintain a caseload of 4 patients per week. Treatment modalities may include individual, couples, family or group therapy.

3. The fellow will complete clinically relevant intake reports, progress notes, and treatment plans.
4. Communicate and collaborate with other Polytrauma team members regarding the patient's rehabilitation. Be available to consult with other team members regarding psychological issues. When clinically relevant, attend and participate in Polytrauma meetings.
5. When clinically indicated, the fellow will collaborate with other providers (e.g., Psychiatry, MH Intake Staff, Social Work, Neuropsychologist, etc.) to help ensure good patient care.
6. The fellow will be responsible for reading and developing specialty knowledge in the areas of Post Traumatic Stress Disorder (PTSD), pain management, relaxation skills, biofeedback, and other behavioral health and mental health concerns.

SUPERVISION:

Both formal and informal supervision will be provided. The fellow will be required to attend weekly 1-2 hours of formal supervision. Supervisor will be readily available for informal supervision.

ASSIGNMENT SUPERVISOR: Irena Persky, Ph.D; Erin Zerth, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care Service
Building 217/Building 228
Community (patients' homes)
Inpatient follow-up, when appropriate
*Optional opportunity to gain Primary Care
Experience in a Rural Setting via Hines
Satellite Clinics within HBPC*

This rotation includes clinical activity and a population that is viewed as appropriate for a Special Emphasis in Primary Care and in Rehabilitation Psychology. A full description of the rotation is included in the brochure section describing the Special Emphasis in Primary Care.

ASSIGNMENT SUPERVISOR: Paul Johnson, Ph.D.

ASSIGNMENT LOCATION: MOVE! (Managing Overweight/Obesity in Veterans Everywhere) Program

ASSIGNMENT DESCRIPTION:

Clinical work with MOVE! participants is offered as an optional experience in conjunction with the SCI RCF rotation with Dr. Smith. Because of variable patient interest, MOVE! is not reliable as an independent rotation.

The MOVE! Program was designed by the National Center for Health Promotion and Disease Prevention (NCP), and is a comprehensive, multidisciplinary approach to weight management with five levels of care. Levels 2 (groups) and 3 (weight loss medications) were instituted at Hines in 10/2005, and there is hope of expanding the local MOVE! services as patient interest and resources allow. The current Hines program consists of three phases. Phase I is a monthly introductory class, acclimating veterans to the program and facilitating enrollment of new participants every month of the year. Phase II consists of a rotating schedule of eight large group classes (30-50 veterans). These classes include a balance of didactics, demonstrations, handouts, and surprisingly ample participant discussion. The eight standard classes meet twice a month, over a four-month period. This cycle repeats continuously throughout the year. Once a veteran completes a four-month cycle, he/she is enrolled in Phase III, a monthly support group. Veterans are typically referred by their primary care provider. With the exception of a few medical contraindications, all Hines veterans are eligible for this program. The MOVE! team consists of two dietitians, a physician, a social worker, a psychologist, a physical therapist, and a pharmacologist. The team members work very well together, are consistently interested in input from Psychology, and are always looking for ideas for improving the services offered to our veterans. All classes take place on Tuesday mornings and team meetings are usually held the 3rd Tuesday afternoon of each month.

Fellows are encouraged to consider involvement with MOVE! in conjunction with their RCF rotation. Possible duties would vary with Fellow interests, and could include: participation in classes, assisting with administration of questionnaires to the intro group, leading or co-leading large group discussion, participation in team meetings, and evaluating and following several veterans for individual weight management counseling. Additionally, a post doc may choose to facilitate group therapy with a subset of patients, such as binge eaters, severe psychiatric cases, etc. As this is a new and continuously evolving program, Fellows are encouraged to suggest new ideas or strategies. The patient population is quite diverse in terms of age, ethnicity, SES, educational background, medical and psychiatric co-morbidities, motivation, and willingness to accept responsibility for their health. This mixture can be challenging to manage in such a large group setting, and thus provides a fairly unique clinical experience.

GOALS:

1. To gain skill in operating as an independent psychologist on a multidisciplinary weight management treatment team.
2. To develop knowledge and skills in assisting and motivating individuals in losing weight through long-term healthy lifestyle change.

TRAINING OBJECTIVES:

1. The Fellow will attend and assist with the MOVE! clinics on Tuesday mornings, to learn about multiple aspects of weight management.
2. The Fellow will follow 2-4 patients for weight management-focused, individual therapy.
3. The Fellow will participate in the team meetings.
4. The Fellow will be responsible for chart reporting, test reports, treatment plans, etc. for patients they see professionally.
5. The Fellow will be responsible for reading and developing specialty knowledge in the area of weight loss, obesity, and obesity-related conditions.

SUPERVISION:

Fellows will receive a minimum of 1 hour of direct individual supervision for their work with the MOVE! program. Additional supervision will be available as needed.

ADMINISTRATIVE ROTATIONS:

An administrative rotation in Psychology Training is currently available. Additional opportunities in Psychology Administration with Dr. Greenblatt and in Hospital Ethics with Drs. Canar and Fedirka may be available as well. Fellows may meet core competency requirements in Administration through these avenues of involvement and/or through administrative work within their Special Emphasis.

ASSIGNMENT SUPERVISOR: Bernard Sladen, Ph.D.

ASSIGNMENT LOCATION: Psychology – Building 228

ASSIGNMENT DESCRIPTION:

This rotation provides an introduction to the responsibilities and roles maintained by the Psychology Training Director. Through a mentorial approach, the supervisee will gain an introduction to most activities directed by the Training Director. The trainee will also have an opportunity to develop and implement a quality improvement project that directly relates to regulatory requirements of psychology training programs. Because of the diverse experiences that occur over set times across a calendar year, this rotation is recommended as a part-time experience that extends over a minimum six months period.

GOALS:

1. The trainee will develop an understanding of regulatory requirements of a psychology internship and postdoctoral training program.
2. The trainee will develop an understanding of the conceptual framework under which a program is organized and accredited.
3. The trainee will understand policies and procedures related to trainee recruitment and selection, trainee evaluation, budgeting, and program coordination with hospital requirements and procedures.
4. The trainee will understand the relationship between training goals/objectives and development of program curricula.
5. The trainee will gain an understanding of the role of program evaluation in meeting internal and regulatory body requirements.

TRAINING OBJECTIVES:

1. The trainee will review requirements for program accreditation by the American Psychological Association, membership in the Association for Psychology Postdoctoral and Internship Centers, and membership/accreditation within other relevant regulatory bodies.
2. The trainee will review the philosophy, models, goals and objectives of the Hines training programs and will understand how these are conceptualized and operationalized to develop and maintain a coherent and fully integrated training program.

3. The trainee will participate in the Training Director's activities involving public information development, coordination of recruitment activity, development of educational curricula, within-department and outside department activity coordination, policy and procedure development, and program evaluation through coordinated work activity with the Training Director and through participation in the Training Committee.
4. The trainee may develop a quality improvement protocol and be responsible for all elements including needs assessment, operationalized plan and project, data collection and analysis, and final report.

PSYCHOLOGY FELLOWSHIP CLINIC

The Fellow will devote approximately 20% of the year to involvement in the Psychology Fellowship Clinic, to enhance generalist skills in professional psychology practice, as consistent with our training program philosophy. The Fellow will spend approximately half the year working within a program or clinic in which psychotherapy skills development is emphasized. The Fellow will spend approximately half the year working within a program or clinic in which assessment and consultation skills development is emphasized. Fellows may determine which programs or clinics they would like to work within to enhance their generalist skills. They may elect to work within programs that provide complementary experience to their Special Emphasis or within programs that serve to fill deficits in previous clinical training. Regardless of setting, the training focus emphasizes enhancement of generalist skills in psychological treatment, assessment and consultation.

Settings that emphasize training in psychological treatment

Mental Health Clinic:

The Mental Health Clinic serves a socio-economically and an ethnically diverse population of psychiatric outpatient veterans (with possible contacts with collaterals as well). Problems treated include PTSD, other anxiety disorders, mood disorders, adjustment disorders (including adjustment to a variety of medical problems), marital/family problems, psychoses, personality disorders, substance abuse, and habit control issues. Interdisciplinary treatment modalities include individual, group, and couples/family therapy, hypnosis, and psychopharmacology. Psychologist responsibilities include assessment/evaluation, treatment planning, individual psychotherapy, and team consultation. Acquaintance with and application of evidence based approaches as appropriate is encouraged. Therapy conceptualizations include integrative, cognitive behavioral, ACT, and solution-focused approaches.

Supervisors: Robert Chimis, Ph.D., Kathleen Richard, Ph.D., and Jonathan Sutton, Ph.D.

Polytrauma Program:

Hines is a Polytrauma Network Site (PNS). As a PNS, Hines provides key components of post-acute rehabilitation care for individuals with polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of rehabilitation professionals, including but not limited to Psychiatry, PT, OT, SLP, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to veterans that include

comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. When polytrauma and TBI patients are admitted for inpatient care, the PNS team will assume an active role in the development and management of the plan of care. Hines is also dedicated to providing support to family members of polytrauma/TBI veterans.

Supervisor: Rene Pichler-Mowry, Ph.D.

Settings that emphasize training in psychological assessment

Mental Health Service Line Intake Center:

The MHSLIC at Hines VA Hospital is the entry point for new patients (veterans eligible for VA mental health services) seeking mental health services at Hines VA Hospital. Such services may include triage/screening, assessment and/or emergent treatment as well as subsequent referral/disposition for all patients seeking services from the MHSL. Patients may be referred to the MHSLIC by self, other services within or outside of Hines VA hospital. MHSLIC also provides emergent and urgent supportive and backup services to patients currently enrolled in the various MHSL programs/clinics at Hines VA Hospital. Such patients would be coming to MHSLIC on referral, as walk-ins, or as ER consults.

Supervisor: Tomasz Andrusyna, Ph.D.

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program was newly funded in 2008 and plans to seek APA Accreditation in 2010. Our Internship Program has been APA-Accredited since 1976. Our next Internship Program site visit is scheduled for 2012.

American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
(202) 336-5979
(202) 336-6123 (TDD)

GENERAL INFORMATION

Number of hours of supervised training required during fellowship = 2,080. The Program meets State of Illinois requirements for supervised postdoctoral practice hours.

Stipend - \$44,220 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days vacation leave and 13 days available sick leave, in addition to the 10 annual Federal Holidays.

Health and life insurance coverage is available to Psychology Fellows in the VA system.

VA will provide malpractice liability coverage through the protection of Federal Tort Claims Act.

Free parking. Public transportation subsidy for Interns using public transportation to come to work.

On-site day care center.

Personal computers with internet access in most Fellow offices and work areas.

Full use of Hines and Loyola medical libraries.

There is a possibility for government background checks and for pre- and post-employment drug screening. The Program may not provide letters of recommendation to Fellows who depart the Program prior to completion of it.

QUALIFICATIONS

U.S. Citizen

Applicants must complete all requirements of an APA-Accredited doctoral program in clinical or counseling psychology and an APA-Accredited internship in clinical or counseling psychology prior to entering the program. Applications are accepted from applicants who are currently in the process of completing these requirements.

All offers for our postdoctoral Fellowship Program are contingent upon the applicant meeting all academic requirements for their doctoral degree. Evidence in the form of a copy of the doctoral diploma, an official transcript with awarding date of the doctorate, or a written attestation of doctoral degree from the Psychology Department Chair are acceptable forms of proof. Our Program must receive proof of doctoral degree no later than July 1, 2010. If the applicant cannot meet this deadline, the applicant may request a 30-day or a 60-day extension, to which the Program may or may not agree. If, at the end of the extension, the applicant cannot demonstrate evidence of doctoral degree or if the Fellowship does not agree to the extension, the Program's offer of acceptance into the Program is withdrawn. The Program will re-open the search process to fill that position at that time. The applicant may re-apply if he/she wishes. If the applicant has met all requirements for the doctoral degree with the exception of completion of the clinical or counseling psychology internship, and the completion date of that internship is no later than August 30, 2010, an extension will automatically be afforded the applicant. In this situation, the applicant should make every effort following internship completion to provide proof of degree to our Program as soon as possible.

DEADLINES

Applications must be received by January 15, 2010. Interviews will be scheduled in late January and in February. Selection for all four positions will be announced around February 25, 2010 (VA Uniform Notification Date).

APPLICATION PROCEDURE

The following materials are required to apply:

1. A cover letter that includes in detail the following elements:
 - a. Previous clinical, educational and research experience in our generalist core competencies.
 - b. Previous clinical, educational and research experience in the Special Emphasis track to which you have applied.

- c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae
3. Official transcripts from graduate school (including awarding date of doctoral degree). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Program.
4. Three or four letters of recommendation, including one from your dissertation Chair, one from a clinical supervisor who is especially familiar with your work in your area of Special Emphasis, and one from another clinical supervisor who is very familiar with your clinical work. At least one letter should be from an internship supervisor. The letter from your dissertation Chair should note the status of your dissertation and anticipated completion date, if your doctoral degree has not yet been awarded.
5. A letter from your psychology internship director discussing progress on internship and anticipated completion date.
6. A completed Hines VA Psychology Postdoctoral Fellowship Training Program Application, which is available on our webpage.

This Brochure as well as our Program Announcement may be obtained from our Program Assistant, Delores Ivery by e-mail – delores.ivery2@va.gov or by phone – 708.202.2692.

Questions about the Program may be addressed to Dr. Sladen by email – bernie.sladen@va.gov or by phone – 708.202.2444.

Please mail the full application package to Bernard Sladen, Ph.D. at

**Hines VA Hospital
Psychology Training Programs
Psychology Service (116B)
Building 228, Room 3053
Hines, IL 60141- 5000**

Deadline for receiving the completed application: January 15, 2010.

Fellowships begin August 30, 2010.

DIRECTIONS

Hines Hospital is located in Chicago's western suburbs, at Fifth Avenue and Roosevelt Road, adjacent to the towns of Maywood and Broadview. Loyola University Medical Center and the State of Illinois' Madden Mental Health Center are located adjacent to Hines in Maywood.

O'Hare and Midway Airports are less than 30 minutes away by car. Downtown Chicago and the lakefront are about 15-20 minutes east of the hospital (about 12 miles).

From the North (including O'Hare Airport) or South

Take I-294 (Tri-State Tollway) - to I-290 (Eisenhower Expressway).
East on I-290 (Chicago) - to First Avenue exit (Exit #20).
Turn right (South) on First Avenue - to Roosevelt Road (Route 38).
Turn right (West) on Roosevelt - go to Fifth Avenue (the first stop light).
Turn left to enter the Hines Hospital grounds.

From the Far Western suburbs.

Take I-88 - to I-290.
East on I-290 - to (First Avenue Exit) - Exit #20.
Follow directions above from Exit #20.

From Downtown Chicago:

Take I-290 (West) - to (First Avenue Exit) - Exit #20.
Turn left (South) on First Avenue - to Roosevelt Road (Route 38).
Follow directions above from Roosevelt Road (Route 38).

Visitor Parking is readily available in parking lots in front of Building 200 (the 15 story white tower) and next to Building 228 (the Psychiatry Building), which is a newer 5-story red brick building immediately east (to the left) of Building 200. Enter Building 228, and take the elevator to the third floor. Psychology Service is on 3 South.

As an alternative, enter Building 200 and ask directions to Building 228 (Information Desk in the lobby of Building 200). Building 228 is connected to Building 200 by an indoor corridor.

If lost in either building, ask any employee for directions to this location. We all try to be friendly and helpful. Because Psychology offices are located throughout the hospital, be sure to ask directions to the specific building (Building 228), and location (3rd floor, South).



